

Guidelines for Documentation of Attention Deficit/Hyperactivity Disorder

Documentation of Attention Deficit/Hyperactivity Disorder (AD/HD) must be provided by a clinician trained in the assessment of AD/HD and experienced in assessing the needs of adult learners, e.g., a licensed psychologist or psychiatrist. Documentation must be based on an evaluation conducted within three years of the student's application for assistance in order to determine the current impact of this condition and appropriate accommodations. It should be typed on official letterhead, and include the professional credentials, address and phone/fax numbers of the evaluator. The evaluation should provide the following information:

1. Diagnostic verification of AD/HD using DSM-IV criteria

- Statement of diagnosis and description of current symptoms which meet the criteria for the DSM-IV diagnosis. The clinician must identify at least six major behaviors from the DSM-IV criteria. In addition to those set forth by the DSM-IV, the following symptoms qualify as major behaviors for students over the age of 18 years:
 - Trouble directing and sustaining attention in conversations, lectures, reading instructions, driving
 - Difficulty persisting with and completing projects
 - Easily overwhelmed by tasks of daily living, such as managing money, paying bills
 - Trouble maintaining an organized living/working place
 - Inconsistent work performance
 - Lacks attention to detail
 - Makes decisions impulsively and doesn't anticipate consequences
 - Impulsivity reflected in frequent moves, job changes, quitting of jobs
 - Difficulty delaying gratification; seeks out stimulation
 - Restless, fidgety
 - Makes statements or comments without considering their impact
 - Impatient, easily frustrated
 - Multiple traffic violations such as speeding or running stop signs

These characteristics must not be due solely to some other diagnostic condition, such as (but not limited to) Impulse Control Disorder, Antisocial Personality Disorder or Substance Abuse Disorder.

- Evidence of early impairment with onset by the age of seven. Because AD/HD is, by definition, a developmental disorder with onset in childhood that manifests itself in more than one setting and that maintains a chronic rather than episodic course, the report must present historical information regarding behavioral patterns and academic performance. If onset of symptoms cannot be documented before 7 years of age, the evaluation should include an explanation for the emergence of diagnostic criteria at this point in the student's history. For

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any NOS diagnosis, the clinician is requested to supply additional explanation and/or evidence. (Suggested data sources: clinical interview, past psychological reports, family/parent/spouse report)

2. Supportive Documentation of Diagnostic Criteria by teacher, parent or another adult
 - Diagnostic assessment must consist of more than a self-report of symptoms.

Observations need to have been drawn either from two independent adults. (Suggested data sources: signed written permission to talk with other adult by phone or in person to identify at least six behaviors from the DSM-IV items)

OR

Documentation of AD/HD behaviors on two rating scales. (Suggested data sources: Connors, TOVA, Brown, Amen, Barkley, or Hawthorne rated by teacher/parent)

- Differential diagnosis: Diagnostic assessment must examine the possibility of alternative explanations of symptoms, including medical, psychiatric, educational, and/or cultural factors that affect the individual and may result in behaviors that mimic AD/HD. The possibility of co-existing diagnoses must also be explored. Rule out head injuries, general medical conditions, or substance abuse.
3. Level of current impairment and specific detrimental effects on learning caused by the AD/HD
 - Include information regarding the severity of the symptoms. The report must establish that the symptoms of AD/HD cause significant impairment in this individual, substantially limiting a major life activity. Judgments of severity should be based on comparison to the general population and not to a person's educational group or to a particular set of expectations. (Suggested data source: clinical interview)
 - How does this student's disability impair his/her ability to learn? Description of the impact, if any, of the diagnosed AD/HD on the individual in the major life activity of learning. Elaborate on how it has interfered with educational achievement. While a comprehensive test battery is recommended, this office will accept brief measures of intelligence and academic achievement, such as the Kaufman Brief Intelligence Tests (KBIT) or the Wide Range Achievement Test, 3rd Edition (WRAT-3), as part of the diagnostic evaluation.
 4. List appropriate recommendations, modifications and/or accommodations, e.g., in exam administration, classroom or study activities, or course requirements. There should be a clear rationale provided for why each accommodation is needed to equalize the student's educational opportunities at SMU on the basis of the impact of the disability on this person.

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5. Medication: History and current recommendations regarding medication. Elaborate on the effects of the medication on this student, e.g., how affects functioning in morning or afternoon; duration of effect.

All documentation submitted to the Office of Student Services is considered confidential. Documentation should be sent to the following address:

Office of Student Services
1435 N. Glenstone Ave
Springfield, MO 65802

Documentation may be faxed to (417) 268-1001