



## Guidelines for Documentation Attention Deficit Hyperactivity Disorder (ADHD)

### **I. A qualified professional must conduct the evaluation.**

- Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
- Evaluators must have training in, and experience with, the differential diagnosis of ADHD in adolescents and/or adults.
- Appropriate professionals may include clinical psychologists, neuropsychologists, school psychologists, psychiatrists or other specifically trained medical doctors.
- Evaluations performed by members of the student's family are not acceptable.
- All reports must be signed by the evaluator, and must include a completed Office of Accessibility form (if feasible), as well as any additional information typed on letterhead.

### **II. Documentation must be current.**

- Reports must be based on evaluations performed or updated within the last 3 years.
- All documentation (including any supplements), must describe the current impact of the diagnosed condition(s).
- All documentation must describe any currently mitigating factors, such as medication or other treatment.
- All documentation must make recommendations currently appropriate to a college academic environment.

### **III. Documentation must be comprehensive.**

- Reports must include a history (medical, psychosocial, academic, familial), and indicate compelling evidence of early impairment, even if not formally diagnosed in childhood.
- Reports must indicate evidence of current impairment, including the results of a clinical diagnostic interview and review of any psychoeducational tests performed to investigate the existence of ADHD.
- A specific diagnosis must be included or specifically ruled out.
- Reports including a diagnosis must demonstrate that DSM-5 criteria have been met.
- Any test scores must be included, along with an interpretation of each and a summary.
- Documentation should rule out alternative diagnoses and/or explanations for problems.
- Documentation must address any coexisting disorders, suspected coexisting disorders, or other confounding factors.
- Documentation must indicate whether or not the diagnosed condition substantially limits the students learning in the academic environment.
- Documentation should include recommendations for accommodations that are directly related to functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate.

# Documentation Verification

## Attention Deficit Hyperactivity Disorder (ADHD)

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a **current substantial limitation to learning**. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current, **within the last 3 years**, and comprehensive documentation of the condition from a current treatment/assessment professional that is legally qualified to make the diagnosis. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. DSM-5 Diagnosis & Code: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Last contact with student: \_\_\_\_\_

2. Please indicate the instruments used to obtain the diagnosis (at least one instrument from the first three categories is required; the fourth category is optional). **Please attach a copy of the diagnostic report.**

Attention:       Digit Symbol Coding                       Stroop Color & Word Test  
                     Continuous Performance Test               Ruff 2/7 Test  
                     Trail Making Test A & B                       Other (please identify) \_\_\_\_\_

Self-Report       Brown ADD Scale                               Wender-Utah Rating Scale  
Measures:       ASRS     Conners' Rating Scale  
                     Barkley Functional Impairment Scale       Barkley Adult ADHD Rating Scale - IV

Cognitive:       WAIS-III     WAIS-IV  
                     Stanford Binet Intelligence Scales       Woodcock Johnson III

Optional       MMPI-2 or MMPI-2-RF                       State-Trait Anxiety Inventory  
Measures:       Beck Depression Inventory-II               Other (please identify) \_\_\_\_\_

3. In your opinion, does the condition listed above **substantially limit the student's learning in the academic environment**?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, specify here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the **symptoms associated with this condition** as they are currently manifested in this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please provide a **brief history of the condition** including severity, duration and long-term impact in a college academic environment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does this student take any medication(s) or require any type of treatment that may **adversely affect academic performance or behavior**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please list and explain effect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school? \_\_\_\_\_  
\_\_\_\_\_ Poor \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_ Unknown

If "unknown," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List any **recommendations for accommodations** appropriate for this student in an academic setting. The accommodation must link to the functional limitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please feel free to attach any additional information describing specific concerns you may have.

**NOTE:** Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

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### Treatment/Assessment Professional Information

Printed Name and Title: \_\_\_\_\_

Licensing credential, number, and state: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**My signature verifies that I am the treatment/assessment professional and that the contents are accurate.**

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

*The information that provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).*

**Please return the completed form with an accompanying diagnostic report to the student.**

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