



SPECIFIC DOCUMENTATION GUIDELINES – ATTENTION DEFICIT HYPERACTIVITY DISORDER

AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. The manifestations of AD/HD result in functional impairment in at least two settings (e.g., academic, occupational, social). The diagnosis of AD/HD is based on the specific criteria included in the current version of the DSM of the American Psychiatric Association.

General documentation guidelines listed in Section 2.22.02, see below.)

Diagnosis and corresponding code from the most recent DSM must be included.

Assessment of the following diagnostic criteria is required and evaluation results must be included in the documentation:

- Developmental history of either inattention and/or hyperactivity-impulsivity symptoms during childhood. The specific symptoms that were present in childhood should be stated in the documentation. Corroboration of childhood symptoms should be included, and may need to be gathered from a variety of possible data sources (e.g., parent/guardian report, school records, past evaluations). Evidence that these symptoms were associated with some functional impairment in home and/or school settings also must be included.
- Current symptoms of either inattention and/or hyperactivity-impulsivity must be present. The specific symptoms that are present should be stated in the documentation. Self-reported current symptoms should be corroborated by an independent informant who has been able to observe the student's recent functioning with adequate regularity to provide this type of information. Evidence that these symptoms are associated with functional impairment in academic, occupational, and/or social settings also must be included.
- The frequency/severity of both childhood and current AD/HD symptoms should be documented by comparison to individuals at a similar level of development. Documentation must include the results of standardized rating scales that provide comparison to age-based normative data.

Section 2.22: Appendix DSP2

General Documentation Guidelines

Secondary education eligibility reports, Individualized Educational Plans, Summary of Progress reports, or previous provision of special education services may not be sufficient documentation for college-level accommodations.

Documentation should provide a diagnostic statement identifying the disability, describe the diagnostic criteria and methodology used to diagnose the condition, and detail the progression of the condition if its impact on the student's functioning is expected to change over time.

Documentation should provide an adequate representation of the student's current functional abilities. In most situations, documentation should be within three years of the student's application for services. Professional judgment, however, must be used in accepting older documentation of conditions that are permanent or non-varying, or in requiring more recent documentation for conditions for which the functional impact may change over time.

Documentation must include the names, signatures, titles, and license numbers of the appropriate evaluators, as well as the dates of testing and contact information. Evaluators must be licensed professionals whose training and licensure status is consistent with expertise in the disability for which they provide documentation.

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