

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD)

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. By definition, the disorder is developmental in nature, and therefore, diagnosis requires the manifestation of several symptoms prior to age 12 years. Furthermore, a diagnosis of AD/HD is not sufficient, in and of itself, to determine appropriate accommodations. Therefore, objective data provided in a comprehensive assessment of cognitive processing and academic functioning may be required to establish the nature and severity of the student's functional limitations. Such data may include, but are not limited to, the following: rating scale information, performance on continuous performance tasks, cognitive processing test results, and/or the results of achievement tests.

Specific documentation guidelines for AD/HD include the following:

- General documentation guidelines listed in [Appendix D of the Academic and Student Affairs Handbook](http://www.usg.edu/academic_affairs_handbook/section3/C793). (http://www.usg.edu/academic_affairs_handbook/section3/C793)
- Documentation should reflect data collected within the past three years at the time of request for services.
- A diagnosis consistent with the most recent DSM/ICD.
- Evidence of the following diagnostic criteria must be included in the documentation:
- Some evidence, beyond simple self-report, of clinically significant inattention and/or hyperactivity-impulsivity symptoms prior to the age of 12 (in accordance with the DSM). Possible data sources for evidence of early symptoms include the following: parent/guardian report, medical reports, school records, and past evaluations.
- Evidence of current clinically significant symptoms of either inattention and/or hyperactivity-impulsivity must be documented using appropriate standardized rating scales or norm-referenced measures of cognitive/executive functioning that provide comparisons to similarly aged individuals. However, in some cases, a detailed written statement from a qualified evaluator who has sufficient experience with the student and the student's symptom history may be sufficient.
- Symptom presence must be assessed using student self-report and corroborated by an independent informant who has been able to observe the student's recent functioning.
- Current clinically significant symptoms must be present in at least two settings and interfere with social, academic, or occupational functioning.
- Verifiable evidence that symptoms are associated with significant functional impairment in the academic setting. Suggested sources for evidence of academic functional impairment include the results of a comprehensive psycho-educational evaluation, school records, and/or a comprehensive clinical interview that is described in a written statement by the evaluator.