

Attention Deficit Hyperactivity Disorder (ADD/ADHD) Documentation Guidelines

All documentation must be current and within the past 3 years

Please refer to specific documentation guidelines for more comprehensive criteria for ADD/ADHD

General Information

Students who are seeking disability services through the Office of Disability Services (“Disability Services”) at Ocean County College (“OCC”) on the basis of a diagnosis of Attention Deficit Disorder (ADD) or Attention Deficient with Hyperactive Disorder (ADHD) are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended. It is important to understand that a diagnosis of ADD/ADHD in itself does not substantiate a disability. In other words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. Current and comprehensive documentation must be provided for a student to be eligible for support services and to be considered protected under the law.

Secondary schools and post-secondary institutions are governed under different laws about providing services to students with disabilities. A prior history of accommodation does not in and of itself warrant the provision of similar accommodation at the post-secondary level. A student’s high school Individualized Education Program (IEP) or a 504 Plan is seldom sufficient documentation to establish the rationale for academic adjustments, auxiliary aids and/or services in the post-secondary setting. A possible exception would be an IEP, or 504 Plan that meets all of the requirements defined by these guidelines.

Further information on the components of professionally prepared documentation such as: qualified professionals; diagnostic statements; diagnostic methodology; current functioning and current documentation; functional impairment; duration, progression, and stability of a condition; and documentation to support requested reasonable accommodations can be found in our General Documentation Guidelines file.

The documentation submitted to the Disability Services for ADD/ADHD must include all the information outlined in the Documentation Guidelines for Attention Deficit/Hyperactivity Disorders outlined below for Disability Services to determine reasonable academic accommodations. Disability Services will review all requests for reasonable accommodations on a case-by-case and course-by-course basis and make the determination of whether or not the information submitted for the requested reasonable accommodations are supported. If the documentation submitted does not sufficiently support the need for the requested reasonable accommodation, additional information will be required.

I. CLINICAL INTERVIEW

Professionals are considered qualified by having comprehensive training and direct experience in the differential diagnosis of ADD/ADHD such as a psychologist, neuropsychologist, psychiatrist and other relevantly trained medical doctor.

Common components of a clinical interview include:

- Evidence of childhood impairment. (e.g., elementary school grade cards, discipline examples, etc.).
- Evidence of current impairment and the impact on education. (e.g., secondary school grade cards, discipline examples, etc.).
- Statements demonstrating the elimination of or ruling out of alternative diagnoses that might otherwise explain the symptoms of the impairment.
- Statements addressing the intensity and frequency of the symptoms.
- Statements articulating the impact of disability/impairment on one or more major life activities.
- Statements about the use and impact of medications and therapies. (A positive response to prescribed medications and therapies does not confirm a diagnosis nor does the use of medication support or negate the need for academic adjustments).
- Interpretive Summary of all areas covered during the clinical interview.

A comprehensive evaluation will address the challenge of distinguishing a clinically significant impairment from the typical behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or nonappearance).

II. IDENTIFICATION OF DSM CRITERION

Evaluators providing documentation to Disability Services should utilize the definition and diagnostic criteria for ADHD from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). A specific diagnosis and corresponding DSM code for an Attention-Deficit Hyperactivity Disorder must be included in the report. The diagnostician should use direct language in the diagnosis of ADHD, avoiding the use of terms such as "suggests," "is indicative of," or "attention problems."

III. OTHER ASSESSMENT INSTRUMENTS

Several diagnostic instruments are used to provide a foundation of information upon which to base a diagnosis and to identify the student's functional limitations to determine reasonable accommodations in a higher educational setting. The information from the other assessment instruments which are used should include:

- a. The name of the assessment instrument(s) used.
- b. The scores obtained. (Standard scores, T-scores, percentiles, etc.)

c. The interpretation of the scores.

OTHER ASSESSMENT INSTRUMENTS

In addition to the clinical interview, several other diagnostic instruments are used to provide a broader foundation of information upon which to base a diagnosis and to identify the student's functional limitations and support the need for requested reasonable accommodations. The following information is provided for the purpose of reference for professionals using other assessment instruments. The common functional areas and the frequently used diagnostic instruments for each are:

COGNITIVE FUNCTIONING

Provides a wealth of information on how the student copes with a variety of verbal and visual/spatial tasks. **Using one instrument:** Wechsler Adult Intelligence Scale, Fourth Edition with subtests (as appropriate); or Woodcock-Johnson Tests of Cognitive Ability, III. Academic Achievement Tests: There is often a typical pattern of performance on achievement tests that can be quite helpful in diagnosing ADHD; ruling out co-morbidity of learning disorders and differentiating between difficulties in concentrating versus simple lack of ability in any one area of achievement.

ALTERNATING AND DIVIDED ATTENTION

Provides information about mental flexibility (the ability to shift focus) and the ability to simultaneously attend to multiple demands. **Using at least two instruments:** Wisconsin Card Sort; Attentional Capacity Test (ACT); Paced Auditory Serial Addition Test (PASAT); Trail Making Tests, Parts A and B; or Kagen Matching Familiar Figure Test (KMFFT).

TARGET FOCUS

Provides information about sustained and selective attention over time. **Using at least one instrument:** Tests of Variable Attention (TOVA); Gordon Diagnostic System (GDS).

EXECUTIVE FUNCTIONING

Provides information about problem solving methods, frustration levels, restlessness, and distractibility. **Using at least two instruments:** Halstead - Reitan Category Test; Porteus Maze Test; Tower of London (sequencing and planning); Stroop Neurological Screening Test (SNST); Wisconsin Card Sort; Rey-Osterrieth Complex Figure Task; or Letter Cancellation Task.

MEMORY FUNCTIONING

Provides information about long term and short-term memory. **Using one instrument:** Wechsler Memory Scale - III (WMS-III); California Verbal Learning Test (CVLT); or the Verbal and Nonverbal Selective Reminding Tests.

SELF AND OTHER REPORTS

Provides information about functioning from questionnaires. **Using two instruments:** (one from a significant other [parent, guardian, spouse or sibling completing the checklists as it pertains to the student] and the other from the student: Wender Utah Rating Scale (WURS); Barkley Self-Rating Symptom Checklist for ADHD Adults; Copeland System Checklist for Adult Attention Deficit Disorders; Connors' Adult ADHD Rating Scales (CAARS); or Brown ADD Scales (Adult). A student's self-report alone is not considered sufficient evidence to support disability eligibility.

CHECKLISTS AND/OR SURVEYS

Checklists and/or surveys can serve to supplement the diagnostic profile, but do not substitute for clinical observations and sound diagnostic assessments in determining functional impairment and reasonable accommodations.

IV. REVIEW AND SUMMARY OF FINDINGS

1. Test protocol sheets or scores alone are not sufficient. A well-written interpretative summary based on a comprehensive evaluative process is required.
2. The evaluator should investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, physical health, and/or personality disorders, which may confound the diagnosis of ADHD. This process should include exploration of possible, alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual, which may result in behaviors mimicking ADHD.
3. A discussion of the current functional limitations must be contained within the report including ongoing inattention and/or hyperactive-impulsive behaviors that significantly impair functioning in two or more settings that are a direct result of problems with inattention / hyperactivity / impulsivity.
4. When specifying the symptoms of inattention and/or hyperactivity-impulsivity, the summary should include a review and discussion of the DSM criteria for ADHD. This review should include current and past symptoms; discussions of how these symptoms significantly impair the individual's functioning in a classroom setting or other settings. This information is necessary and useful in determining reasonable accommodations. A diagnosis of ADHD is not enough to indicate functional limitation(s) in an academic setting. The evaluator must include the specific functional limitations of the student being evaluated for Disability Services to fully evaluate the necessity of reasonable accommodations.
5. A statement of whether or not the student was evaluated while on medication.

6. Information of prior academic adjustments, auxiliary aids, and/or services when available including information about specific conditions under which they were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not the individual benefited from them.

V. Recommendations for Reasonable Accommodations

1. The rationale for seeking information about a student's condition is to support Disability Services in establishing disability, understanding how the disability may impact a student, and making informed decisions about reasonable accommodations that facilitate equal access to the institution's courses, programs, facilities and activities.
2. The documentation should include recommendations for reasonable accommodations and services that are realistic and appropriate for a post-secondary setting. The recommendations should be logically related to the student's functional limitations and their specific need for the reasonable accommodations requested.

Documentation Retention

All submitted materials will be held with OCC Disability Services as confidential educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.