Documentation Guidelines for ADHD

For more information about our guiding philosophy in establishing these documentation guidelines, please visit our website at [www.meredith.edu/disability](http://www.meredith.edu/disability) and click on Certification Process.

Documentation submitted to Disability Services for the diagnosis of ADHD should include the following elements:

1. **The credentials of the evaluating professional(s).** Documentation must be typed and submitted on official letterhead by professional who licensed and has received comprehensive training in diagnosing ADHD. This may include psychiatrists, neurologists, psychologists, and/or other professionals who have an expertise in diagnosing ADHD. Name, title, specialty, and license or certification credentials must be stated in the documentation.

2. **Documentation must be current.** Documentation for ADHD should include an evaluation within 3 years old.

3. **A clear diagnostic statement identifying the disability or disabilities.** The ADHD diagnosis should be made using DSM-IV TR criteria. Evidence of early impairment and manifestations of ADHD in more than one environment should be well documented. The documentation should include a summary of the diagnostic interview conducted by a qualified evaluator. The diagnostic information obtained from the interview should consist of more than self-report, as information from third party sources is critical in the diagnosis of ADHD. Use of differential diagnosis should be indicated and any co-morbid conditions should be described.

4. **A description of the diagnostic tests, methods, and/or criteria used including specific test results and the examiner's narrative.** Quantitative and qualitative data should be included in the diagnostic report. Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on an individual's ability to function in academically related settings. Such assessments might include testing of intellect, achievement, processing speed, fluency, executive functioning, language, memory and learning, attention, etc.

A complete psycho-educational or neuropsychological assessment is the most effective tool for determining the degree to which the ADHD currently impacts the individual relative to taking standardized tests. Standardized testing should be applied appropriately and adult measures should be used. Additionally, all standardized testing scores should be reported. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD.
Screening instruments, rating scales, and checklists, though often used to support a diagnosis, are not sufficient indicators of impairment and will not be used to determine specific accommodations. Please note: IEP and 504 plans are not considered acceptable forms of documentation, but can be submitted to provide additional information.

5. **A description of current functional limitations resulting from the disability.** Documentation should describe how the ADHD diagnosis is currently impacting the individual pertaining, including how it relates in a college setting. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self-report is the most comprehensive approach to fully documenting impact. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

6. **A complete educational, developmental and medical history relevant to the disability** for which accommodations are being requested. An ADHD evaluation is based on an in-depth history reflecting a chronic and pervasive history of ADHD symptoms and associated impairment beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant's relevant background including family, academic, behavioral, social, vocational, medical, developmental, and psychiatric history. There should be an emphasis on how the ADHD symptoms have manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in their coping efforts.

7. **Recommendations for accommodations, adaptive devices, assistive services, treatment, and/or other services as it relates directly to the individual's specific limitations and not the diagnosis.** All recommendations for accommodations should include a direct rationale that is clearly aligned with the described functional limitations. Please note: Post-secondary institutions have no obligation to adopt recommendations made by outside entities but may use this information to determine reasonable accommodations in the post-secondary setting.