

# **Bureau of Occupational Licenses**

## **Policy for Documentation to Support Requests for ADA Testing Accommodations.**

### ***Introduction***

This document was developed by the Bureau to provide individual test takers, professional diagnosticians, and educational programs/schools with specific information about the Bureau's policies regarding documentation of an applicant's disability and the process for requesting accommodations. The timely submission of proper documentation will help avoid delays in decisions related to providing accommodations and other services for candidates with disabilities.

The main section of this document discusses the following topics:

- Guiding principles
- Procedures for implementation
- Qualifications of diagnosticians
- Currency of documentation
- Clinical results to substantiate the diagnosis
- Recommendations and rationale to support requested accommodations
- Confidentiality policies

### ***Guiding Principles***

The Bureau has long provided accommodations to test takers with disabilities and is committed to compliance with the requirements of the Americans with Disabilities Act (ADA). In this regard, the Bureau has adopted the following guiding principles for responding to requests from examinees for testing accommodations:

1. Requirements and procedures for testing accommodations must ensure fairness for all candidates, both those seeking accommodations and those testing under standard conditions.
2. Accommodations must be consistent with ADA requirements and appropriate and reasonable for the documented disability.
3. Accommodations must not result in an undue burden, as that term is used under the ADA, or fundamentally alter that which the test is designed to measure.
4. Documentation of the disability must meet guidelines that are considered to be appropriate by qualified professionals and must provide evidence that the disability substantially limits one or more major life activities. Applicants must also provide information about prior accommodations made in a similar setting, such as academic classes and test taking.

### ***Procedures for Implementation***

Information on the Bureau 's procedures for requesting testing accommodations and its review and implementation process is provided to prospective testing applicants in test registration materials.

The information is also provided on the Bureau's website ([www.state.id.us/ibol](http://www.state.id.us/ibol)) and upon request.

Requests for accommodations are initially reviewed by Bureau staff who look for specific information on the request form and in the accompanying documentation. If a staff member determines that some or all of the documentation is missing or inadequate, the Bureau will request the additional information. The Bureau request form asks the applicant (and the student's parent or guardian, if the student is under 18) to sign a statement authorizing release to the Bureau of diagnostic information by school officials. On the basis of this release and in an effort to ensure timely processing, the Bureau frequently contacts the school official who completed the initial request form to request missing information, rather than the applicant.

If the initial reviewer determines that the request appears complete, it is submitted to a supervisor for the next level of review. The supervisor may:

- approve the request,
- submit the request to an expert reviewer with specific training in an appropriate clinical area,
- determine that documentation is missing or otherwise insufficient, or
- deny the request.

Expert reviewers may be consulted to review documentation regarding cognitive or learning disabilities, for sight and hearing impairments, and for other physical conditions. If either the Bureau supervisor or the expert reviewer determines that documentation is lacking, the applicant is notified, usually by mail, and given the opportunity to submit additional documentation. If time does not allow for resolution prior to the requested test date, the applicant's request will be considered for a later test date.

If the only accommodation requested and approved is extended time, the examinee is notified on the admission letter, and the test center is notified on a separate roster. If other accommodations are approved for, Bureau staff will send a confirmation letter to the examinee and confirming the exam time, location, and the precise accommodations to be provided.

## ***Documentation Requirements***

### **Qualified Diagnosticians**

The administration of diagnostic assessments, determination of specific diagnoses, and recommendation of appropriate accommodations must be made by a qualified professional whose credentials are appropriate to the disability. The name, title, and professional credentials (e.g., degrees, areas of specialization, license or certification, employment) must be clearly stated in the documentation. For learning disabilities, the Bureau has adopted standards consistent with those developed by the Association on Higher Education and Disability (AHEAD) Ad Hoc Committee on Learning Disabilities (see Appendix A); for attention-deficit hyperactivity disorder (ADHD), the Bureau has adopted documentation guidelines consistent with those developed by the ADHD Consortium (see Appendix B). For physical disabilities, a qualified physician must provide documentation.

### **Currency of Submitted Documentation**

To best assess the current impact of an examinee's disability or functional limitations as they apply to the test-taking process, the documentation must be sufficiently current and appropriate to the particular disabling condition. For the examination, the disability must have been diagnosed or

reconfirmed by a qualified professional within the three academic years prior to the date of the request.

Students applying for accommodation on an examination who have current reconfirmation of a diagnosis originally made early in the student's educational life and a history of accommodation on the basis of that diagnosis normally need not submit full documentation. Instead, the Bureau usually accepts the school's verification of appropriate documentation on file at the school. However, the Bureau reserves the right to request copies of documentation from the school to verify compliance. In cases where the initial diagnosis was made within the 12 months prior to the request for accommodation, full documentation must be submitted with the request.

In addition to the diagnostic documentation, applicants are asked to submit information regarding whether accommodations have previously been provided in an academic setting or on other standardized tests due to the disability. For the examination, documentation of prior accommodations often takes the form of a current Individual Education Plan (IEP) or 504 Plan. If the applicant has not had prior accommodations, full documentation must be submitted with the request.

### **Substantiation of Diagnosis**

Documentation must provide a comprehensive evaluation with objective evidence of a substantial functional limitation. The information needed for each general category of disability is provided below.

- *Learning Disabilities*: The applicant must provide the results of age-appropriate diagnostic testing performed by a qualified professional. Documentation, including all standard scores and percentiles (including subtests) which are reliable, valid, and standardized measures, must address the following:
  1. Description of the presenting problem(s) and its (their) developmental history, including relevant educational and medical history
  2. Neuropsychological or psychoeducational evaluation which includes results of an aptitude assessment using a complete and comprehensive battery
  3. Results of a complete achievement battery
  4. Results of an assessment of information processing
  5. Other appropriate assessments for consideration of differential diagnosis from co-existing neurological or psychiatric disorders
  6. Specific diagnosis and evidence that alternative explanations were ruled out
  7. Description of the functional limitations supported by the test results and a rationale for the recommended accommodations specific to those functional limitations
- *Attention Deficit/Hyperactivity Disorder*: The applicant must provide diagnostic results from an evaluation by a qualified professional. Documentation must address the following:
  1. Evidence of early impairment which, by definition in the *Diagnostic and Statistical Manual of Mental Disorders (4th Ed.) (DSM-IV)*, is first exhibited in childhood and manifests itself in more than one setting
  2. Evidence of current impairment including:
    - a. statement of presenting problem
    - b. diagnostic interview
  3. A ruling out of alternative diagnoses and explanations
  4. Relevant testing using reliable, valid, standardized and age-appropriate assessments

5. Number of applicable DSM-IV criteria and description of how they impair the individual
  6. Specific diagnosis
  7. Interpretive summary including a discussion of how the effects of ADHD are mediated by the recommended accommodation(s)
- *Visual Impairment:* The applicant must provide diagnostic results from a complete ocular examination performed by an optometrist or ophthalmologist. Documentation must address the following:
    1. Chief complaint and history of impairment
    2. Test results, including visual acuity, complete ocular motility exam (versions, tropias, phorias, stereopsis), slit lamp exam, visual field, pupil exam, optic nerve, and retina
    3. Specific ocular diagnosis
    4. Description of functional limitation and supporting evidence that the abnormality impedes functioning in settings such as standardized testing
    5. Discussion of the extent to which the limitation has been addressed through glasses, contact lenses, or other treatment or devices
    6. Specific recommendation for accommodation(s) and accompanying rationale
  - *Hearing Impairment:* The applicant must provide diagnostic results from a full hearing test performed by a qualified professional. Documentation must also address the following:
    1. Relevant medical history, including date of hearing loss
    2. Related educational development, especially effect on reading ability and processing speed
    3. Specific diagnosis
    4. Description of functional limitation (with and without any hearing aids or other assistive devices or treatments)
    5. Specific recommendation for accommodation(s) and accompanying rationale
  - *Other Physical Disorders:* The applicant must provide diagnostic results from an appropriate medical examination that documents the relevant medical history, provides a description of functional limitation, and states a specific recommendation for accommodation(s) and accompanying rationale.

Each request for accommodation is evaluated on a case-by-case basis using the information described above. If a particular element of documentation is not provided, the diagnostician must explain why it is not included in the submission.

### ***Recommendation for Accommodation***

Requests for accommodation must specifically address the functional limitation of the disability. The diagnostic report must include specific recommendations for accommodations as well as an explanation of why each accommodation is recommended and how it alleviates the impact of the impairment when taking a standardized test. The diagnostic information provided must be age-appropriate for the population of examinees taking the test. The evaluator(s) must describe the impact, if any, that the diagnosed disability has on a specific major life activity as well as the degree of significance of this impact on the individual in a testing situation. The evaluator must support recommendations consistent with specific functional limitations as determined by objective data substantiating a history of functional impairment, appropriate test results, clinical observations, and a comprehensive diagnostic interview.

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not, in and of itself, and without supporting documentation of a current need, warrant the provision of a similar accommodation. If no prior accommodations have been provided, the evaluator(s)

and/or qualified school officials must include a detailed explanation of why no accommodations were used in the past and why accommodations are needed at this time.

If recommended accommodations are not clearly identified or supported in a diagnostic report, the Bureau will seek clarification and, if necessary, more information. The Bureau will make the final determination regarding appropriate and reasonable testing accommodations for individuals with documented disabilities.

**Confidentiality**

All documentation submitted to the Bureau is kept confidential, and is used solely in connection with the applicant's request for accommodations. Test supervisors are also instructed to treat as confidential all information they receive relative to the examinee's disability and accommodations. Tests administered with extended time may be noted as nonstandard on score reports, but the Bureau does not provide the reason for the nonstandard administration or any specifics about a candidate's disability or the approved accommodations.

**APPENDIX A**

**GUIDELINES FOR DOCUMENTATION OF  
LEARNING DISABILITY IN ADOLESCENTS AND ADULTS**

**July 1997**

The Board of Directors established an Ad Hoc Committee to study issues surrounding the documentation of a learning disability. The Board wishes to thank the members of the AHEAD Ad Hoc Committee on LD Guidelines for their efforts in laying the foundation of these Guidelines for use by the Association's members.

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## **TABLE OF CONTENTS**

(Click on the items below to go directly to the content.  
Use your BACK button to return to the Table of Contents.)

Introduction

Documentation Guidelines

I. Qualifications of the Evaluator

II. Documentation

III. Substantiation of the Learning Disability

A. Diagnostic Interview

B. Assessment

1. Aptitude

2. Academic Achievement

3. Information Processing

C. Specific Diagnosis

D. Test Scores

E. Clinical Summary

IV. Recommendations for Accommodations

V. Confidentiality

Appendix A: Recommendations for Consumers

Appendix B: Tests for Assessing Adolescents and Adults

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## **Guidelines for Documentation of a Learning Disability in Adolescents and Adults**

### **Introduction**

In response to the expressed need for guidance related to the documentation of a learning

disability in adolescents and adults, the Association on Higher Education And Disability (*AHEAD*) has developed the following guidelines. The primary intent of these guidelines is to provide students, professional diagnosticians and service providers with a common understanding and knowledge base of those components of documentation which are necessary to validate a learning disability and the need for accommodation. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting.

The document presents guidelines in four important areas: 1) qualifications of the evaluator, 2) recency of documentation, 3) appropriate clinical documentation to substantiate the learning disability, and 4) evidence to establish a rationale supporting the need for accommodations.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity. The following guidelines are provided in the interest of assuring that LD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. It is recommended that postsecondary institutions using these guidelines consult with their legal counsel before establishing a policy on documentation relating to individuals with disabilities. In countries not regulated by this legislation further modification may be appropriate.

These guidelines are designed to be a framework for institutions to work from in establishing criteria for eligibility. It is acknowledged that different educational settings with different student populations will need to modify and adapt these guidelines to meet the needs and backgrounds of their student populations.

Recommendations for consumers are presented in Appendix A to assist them in finding and working with a qualified professional in regard to documentation.

## **Documentation Guidelines**

### **I. Qualifications of the Evaluator**

Professionals conducting assessments, rendering diagnoses of learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult LD population is essential.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. For example, the following regulated professionals may be considered qualified to diagnose specific learning disabilities provided that they have additional training and experience in the assessment of learning problems in adolescents and adults: clinical or educational psychologists, neuropsychologists, clinical counselors, and medical doctors.. Use of diagnostic terminology indicating a learning disability by someone whose training and experience are not in these fields is not acceptable. It is of utmost importance that evaluators are

sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families. All reports should be on letterhead, typed, dated, signed and otherwise legible.

## **II. Documentation**

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his or her academic performance at a given time in the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation relevant to the student's learning environment.

Flexibility in accepting documentation is important, especially in settings with significant numbers of non-traditional students. In some instances, documentation may be outdated or inadequate in scope or content. It may not address the student's current level of functioning or need for accommodations because observed changes may have occurred in the student's performance since the previous assessment was conducted. In such cases, it may be appropriate to update the evaluation report. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional, should include a rationale for ongoing services and accommodations.

## **III. Substantiation of the Learning Disability**

Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis.

### **A. Diagnostic Interview**

An evaluation report should include the summary of a comprehensive diagnostic interview. Learning disabilities are commonly manifested during childhood, but not always formally diagnosed. Relevant information regarding the student's academic history and learning processes in elementary, secondary and postsecondary education should be investigated. The diagnostician, using professional judgment as to which areas are relevant, should conduct a diagnostic interview which may include: a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

### **B. Assessment**

The neuropsychological or psycho-educational evaluation for the diagnosis of a specific learning disability must provide clear and specific evidence that a learning disability does or does not exist. Assessment, and any resulting diagnosis, should consist of and be based on a comprehensive assessment battery which does not rely on any one test or subtest.

Evidence of a substantial limitation to learning or other major life activity must be provided. A

list of commonly used tests is included in Appendix B. Minimally, the domains to be addressed must include the following:

### **1. Aptitude**

A complete intellectual assessment with all subtests and standard scores reported.

### **2. Academic Achievement**

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.

### **3. Information Processing**

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.

Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the above instruments to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

### **C. Specific Diagnosis**

Individual "learning styles," "learning differences," "academic problems" and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important to rule out alternative explanations for problems in learning such as emotional, attentional or motivational problems that may be interfering with learning but do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of."

If the data indicate that a learning disability is not present, the evaluator should state that conclusion in the report.

### **D. Test Scores**

Standard scores and/or percentiles should be provided for all normed measures. Grade equivalents are not useful unless standard scores and/or percentiles are also included. The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests used should be reliable, valid and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the learning disability. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal

tests in order to further develop a clinical hypothesis.

### **E. Clinical Summary**

A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgment be utilized in the development of a clinical summary. The clinical summary should include:

1. demonstration of the evaluator's having ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language differences;
2. indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability;
3. indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and
4. indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations).

### **IV. Recommendations for Accommodations**

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not, in and of itself, warrant the provision of a similar accommodation.

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in a diagnostic report, the disability service provider should seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the institution.

In instances where a request for accommodations is denied in a postsecondary institution, a written grievance or appeal procedure should be in place.

### **V. Confidentiality**

## ADA Polciy for Testing Accommodations

The receiving institution has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.

### **APPENDIX A**

#### Recommendations for Consumers

1. For assistance in finding a qualified professional:

- \* contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs; and

- \* discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.

2. In selecting a qualified professional:

- \* ask what his or her credentials are;

- \* ask what experience he or she has had working with adults with learning disabilities; and

- \* ask if he or she has ever worked with the service provider at your institution or with the agency to which you are sending material.

3. In working with the professional:

- \* take a copy of these guidelines to the professional;

- \* encourage him or her to clarify questions with the person who provided you with these guidelines;

- \* be prepared to be forthcoming, thorough and honest with requested information; and

- \* know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:

- \* request a written copy of the assessment report;

- \* request the opportunity to discuss the results and recommendations;

- \* request additional resources if you need them; and

- \* maintain a personal file of your records and reports.

### **APPENDIX B**

#### Tests for Assessing Adolescents and Adults

## ADA Polciy for Testing Accommodations

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

### Aptitude

- \* Wechsler Adult Intelligence Scale - Revised (WAIS-R)
- \* Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability
- \* Kaufman Adolescent and Adult Intelligence Test
- \* Stanford-Binet Intelligence Scale (4th ed.)

The Slosson Intelligence Test - Revised and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation decisions.

### Academic Achievement

- \* Scholastic Abilities Test for Adults (SATA)
- \* Stanford Test of Academic Skills
- \* Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
- \* Wechsler Individual Achievement Test (WIAT)

or specific achievement tests such as:

- \* Nelson-Denny Reading Skills Test
- \* Stanford Diagnostic Mathematics Test
- \* Test of Written Language - 3 (TOWL-3)
- \* Woodcock Reading Mastery Tests - Revised

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

### Information Processing

## ADA Polciy for Testing Accommodations

Acceptable instruments include the Detroit Tests of Learning Aptitude - 3 (DTLA-3), the Detroit Tests of Learning Aptitude - Adult (DTLA-A), information from subtests on WAIS-R, Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, as well as other relevant instruments.

### **Appendix B: Reprinted with Permission**

## **Guidelines for Documentation of Attention-Deficit/ Hyperactivity Disorder in Adolescents and Adults**

### **Consortium on ADHD Documentation**

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### **Acknowledgments**

The Consortium wishes to acknowledge the contributions of the following individuals and expresses its appreciation and gratitude for their time invested in reviewing these Guidelines and for their insightful comments.

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## **Consortium on ADHD Documentation**

### **Guidelines for Documentation of Attention-Deficit/ Hyperactivity Disorder in Adolescents and Adults**

#### **Introduction**

The Consortium's mission is to develop standard criteria for documenting attention deficit disorders, with or without hyperactivity (ADHD). These guidelines can be used by postsecondary personnel, examining, certifying, and licensing agencies, and consumers who require documentation to determine reasonable and appropriate accommodations(s) for individuals with ADHD. Although the more generic term, Attention Deficit Disorder (ADD), is frequently used, the official nomenclature in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) (American Psychiatric Association, 1994) is Attention-Deficit/Hyperactivity Disorder (ADHD) which is used in these guidelines. These guidelines provide consumers, professional diagnosticians, and service providers with a common understanding and knowledge base of the components of documentation which are necessary to validate the existence of ADHD, its impact on the individual's educational performance, and the need for accommodation(s). The information and documentation to be submitted should be comprehensive in order to avoid or reduce unnecessary time delays in decision-making related to the provision of services.

In the main section of the document, the Consortium presents guidelines in four important areas: 1) qualifications of the evaluator; 2) recency of documentation; 3) comprehensiveness of the documentation to substantiate the ADHD; and 4) evidence to establish a rationale to support the need for accommodation(s). Attached to these guidelines are appendices giving diagnostic criteria

for ADHD from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) (American Psychiatric Association, 1994), and Recommendations for Consumers.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services. In order to establish that an individual is covered under the ADA, the documentation must indicate that the disability *substantially limits* some major life activity, including learning. The following documentation guidelines are provided in the interest of assuring that documentation of ADHD demonstrates an impact on a major life activity and supports the request for accommodations, academic adjustments, and/or auxiliary aids.

## **Documentation Guidelines**

### **I. A Qualified Professional Must Conduct the Evaluation**

Professionals conducting assessments and rendering diagnoses of ADHD must have training in differential diagnosis and the full range of psychiatric disorders. The name, title, and professional credentials of the evaluator, including information about license or certification as well as the area of specialization, employment, and state or province in which the individual practices should be clearly stated in the documentation. The following professionals would generally be considered qualified to evaluate and diagnose ADHD provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. It may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of ADHD in adolescents and adults.

Use of diagnostic terminology indicating an ADHD by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families. All reports should be on letterhead, typed, dated, signed, and otherwise legible. The receiving institution or agency has the responsibility to maintain the confidentiality of the individual's records.

### **II. Documentation Should be Current**

Because the provision of all reasonable accommodations and services is based upon assessment of the *current* impact of the disability on academic performance, it is in an individual's best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic evaluation has been completed within the past three years. Flexibility in accepting documentation which exceeds a three-year period may be important under certain conditions if the previous assessment is applicable to the current or anticipated setting. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodation(s), reevaluation may be warranted. Furthermore, observed changes may have occurred in the individual's performance since previous assessment, or new medication(s) may have been prescribed or discontinued since the previous assessment was conducted. In such cases, it may be necessary to update the evaluation report. The update should include a detailed assessment of the current impact of the ADHD and interpretive summary of relevant information (see Section III, G) and the previous diagnostic report.

### **III. Documentation Should be Comprehensive**

#### **A. Evidence of Early Impairment**

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and manifests itself in more than one setting, relevant historical information is essential. The following should be included in a comprehensive assessment: clinical summary of objective, historical information establishing symptomology indicative of ADHD throughout childhood, adolescence, and adulthood is garnered from transcripts, report cards, teacher comments, tutoring evaluations, past psychoeducational testing, and third party interviews when available.

#### **B. Evidence of Current Impairment**

In addition to providing evidence of childhood history of an impairment, the following areas must be investigated:

##### **1. Statement of Presenting Problem**

A history of the individual's presenting attentional symptoms should be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings.

##### **2. Diagnostic Interview**

The information collected for the summary of the diagnostic interview should consist of more than self-report, as information from third party sources is critical in the diagnosis of ADHD. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- developmental history;
- family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner;
- relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- relevant psychosocial history and any relevant interventions;
- a thorough academic history of elementary, secondary, and postsecondary education;
- review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems;

- relevant employment history;
- description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention;
- relevant history of prior therapy.

### **C. Rule Out of Alternative Diagnoses or Explanations**

The evaluator must investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, 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 an Attention-Deficit/Hyperactivity Disorder.

### **D. Relevant Testing**

Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. The evaluator should objectively review and include with the evaluation report relevant background information to support the diagnosis. 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. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

### **E. Identification of DSM-IV Criteria**

According to the DSM-IV, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development" (p. 78). A diagnostic report should include a review and discussion of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see Appendix A for DSM-IV criteria).

In diagnosing ADHD, it is particularly important to address the following criteria:

- symptoms of hyperactivity/impulsivity or inattention that cause impairment which must have been present in childhood;
- current symptoms that have been present for at least the past six months;
- impairment from the symptoms present in two or more settings (for example,

school, work, and home);

- clear evidence of significant impairment in social, academic, or occupational functioning; and
- symptoms which do not occur exclusively during the course of Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

#### **F. Documentation Must Include a Specific Diagnosis**

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. 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."

Individuals who report only problems with organization, test anxiety, memory and concentration in selective situations do not fit the proscribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).

#### **G. An Interpretative Summary Should be Provided**

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because ADHD is in many ways a diagnosis which is based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential that professional judgment be utilized in the development of a summary, which should include:

1. demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
2. indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
3. indication of whether or not the student was evaluated while on medication, and whether or not there is a positive response to the prescribed treatment;
4. indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and
5. indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

#### IV. Each Accommodation Recommended by the Evaluator Should Include a Rationale

The evaluator(s) should describe the impact, if any, of the diagnosed ADHD on a specific major life activity as well as the degree of impact on the individual. The diagnostic report should include specific recommendations for accommodations that are realistic and that postsecondary institutions, examining, certifying, and licensing agencies can reasonably provide. A detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation, and/or testing. Although prior documentation may have been useful in determining appropriate services in the past, current documentation should validate the need for services based on the individual's *present* level of functioning in the educational setting. A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. The documentation should include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefitted the individual. However, a prior history of accommodations, without demonstration of a current need, does not in itself warrant the provision of a like accommodation. If no prior accommodations were provided, the qualified professional and/or the individual should include a detailed explanation as to why no accommodations were used in the past and why accommodations are needed at this time. Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, and chronic tardiness or inattentance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

Reasonable accommodation(s) may help to ameliorate the disability and to minimize its impact on the student's attention, impulsivity, and distractibility. The determination for reasonable accommodation(s) rests with the designated disability contact person working in collaboration with the individual with the disability and when appropriate, college faculty. The receiving institution or agency has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the individual's informed consent.

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### APPENDIX A DSM-IV Diagnostic Criteria for ADHD\*

The following diagnostic criteria for ADHD are specified in the DSM-IV (American Psychiatric Association, 1994):

- A. Either (1) or (2):
  - 1. six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:  
*Inattention*
    - a. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
    - b. often has difficulty sustaining attention in tasks or play activities

- c. often does not seem to listen when spoken to directly
  - d. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
  - e. often has difficulty organizing tasks and activities
  - f. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - g. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
  - h. is often easily distracted by extraneous stimuli
  - i. is often forgetful in daily activities
2. six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

*Hyperactivity*

- a. often fidgets with hands or feet or squirms in seat
- b. often leaves seat in classroom or in other situations in which remaining seated is expected
- c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d. often has difficulty playing or engaging in leisure activities quietly
- e. is often "on the go" or often acts as if "driven by a motor"
- f. often talks excessively

*Impulsivity*

- g. often blurts out answers before questions have been completed
  - h. often has difficulty awaiting turn
  - i. often interrupts or intrudes on others (e.g., butts into conversations or games)
- A. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
  - B. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
  - C. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
  - D. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, or a Personality Disorder).

The DSM-IV specifies a code *designation* based on type:

314.01		<b>Attention-Deficit/Hyperactivity Disorder, Combined Type:</b> if both Criteria A1 and A2 are met for the past 6 months
314.00		<b>Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type:</b> if Criterion A1 is met but Criterion A2 is not met for the past 6 months
314.01		<b>Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type:</b> if Criterion A2 is met but Criterion A1 is not met for the past 6 months.

Coding note: For individuals (especially adolescents and adults) who currently have symptoms

that no longer meet full criteria, "In Partial Remission" should be specified.

314.9	<b>Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified:</b> This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder.
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*Note:* From *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (pp. 83-85), by the American Psychiatric Association, 1994, Washington, D.C. Copyright © 1994 by the American Psychiatric Association. Reprinted with permission.

## APPENDIX B Recommendations for Consumers

1. For assistance in finding a qualified professional:
  - a. contact the disability services coordinator at a college or university for possible referral sources; and/or
  - b. contact a physician who may be able to refer you to a qualified professional with demonstrated expertise in ADHD.
2. In selecting a qualified professional:
  - a. ask what experience and training he or she has had diagnosing adolescents and adults;
  - b. ask whether he or she has training in differential diagnosis and the full range of psychiatric disorders. Clinicians typically qualified to diagnose ADHD may include clinical psychologists, physicians, including psychiatrists, and neuropsychologists;
  - c. ask whether he or she has ever worked with a postsecondary disability service provider or with the agency to whom you are providing documentation; and
  - d. ask whether you will receive a comprehensive written report.
3. In working with the professional:
  - a. take a copy of these guidelines to the professional; and
  - b. be prepared to be forthcoming, thorough, and honest with requested information.
4. As follow-up to the assessment by the professional:
  - a. schedule a meeting to discuss the results, recommendations, and possible treatment;
  - b. request additional resources, support group information, and publications if you need them;
  - c. maintain a personal file of your records and reports; and
  - d. be aware that any receiving institution or agency has a responsibility to maintain confidentiality.

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