

Documentation Guidelines Attention-Deficit/Hyperactivity Disorder

Please provide documentation using these guidelines:

- Disability documentation* should reflect a student's current functional limitations; the determination of recency (how current the documentation is) is based on the professional judgment of the Disability Service Provider (DSP). Disability documentation will be approved/denied after careful review by the DSP. Appropriate accommodations will be determined after the student participates in an interactive interview with the DSP. Accommodations requested may differ from what is recommended in a student's documentation and/or what was provided in High School or at other institutions.
 - *If student already has disability documentation and is unsure if it meets the guidelines set forth, please submit it for review so the DRC can determine if additional documentation may/may not be needed.
- Documentation should be on a letterhead, dated and signed by a qualified professional or evaluator, e.g. identifying credentials with license number(s).
- The substantial limitation in a major life activity should be described.
- Recommendations of appropriate accommodations (e.g. extra time, frequent breaks).
- 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 reports, 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.
 - Some 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.