

Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

Duke University is committed to providing educational opportunities to qualified students with disabilities for purposes of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. In order to establish that an individual is covered under these laws, students must submit full and current documentation (i.e., psychoeducational assessment, records and information) confirming that their diagnosed condition substantially limits one or more major life activities (e.g., concentrating) in comparison with most people in the general population.

The following guidelines are designed to provide students and medical providers with a common understanding and knowledge base of the components of documentation aligned with an Attention Deficit Hyperactivity Disorder diagnosis, the functional limitations presented for a particular student, and information necessary to assist the university in making appropriate accommodations in a post-secondary setting. Documentation should be comprehensive in order to avoid or reduce time delays in decision-making related to eligibility and the provision of services. The SDAO carefully reviews documentation, makes eligibility decisions, and contacts the student as quickly as possible.

Documentation should include:

- I. Qualifications of the Evaluator
- II. Current and Age Appropriate Evaluation Data & Comprehensive and Diagnostic Evaluation
- III. Rationale & Justification for Each Requested Accommodation
- IV. Confidentiality

I. Qualifications of the Evaluator

The professional conducting the evaluation and making the diagnosis must be qualified to make the diagnosis and recommend appropriate accommodations for adult students. Professionals typically qualified to make this diagnosis include psychologists, neuro-psychologists, psychiatrists, and other doctors trained in psychology/psychiatry. A clinical team approach to diagnosis may also be appropriate. The documentation must include the name, title, and professional credentials of the evaluator, including information about licensure and/or specialization.

Diagnoses of Attention Deficit Hyperactivity Disorder documented by family members will not be accepted even when the family members are otherwise qualified by virtue of training and licensure/certification. All reports should be in English, typed or printed on professional letterhead, dated, signed, and otherwise legible. SDAO reserves the right to receive the documentation directly from the evaluator.

II. Current and Age Appropriate Evaluation Data & Comprehensive and Diagnostic Evaluation is Required

Since reasonable accommodations are based upon the assessment of the current impact of the condition on academic and other functioning, a comprehensive neuropsychological or psychological evaluation, interview, clinical narrative discussion and summary with a coded diagnosis per the *Diagnostic and Statistical Manual IV-TR* (DSM-IV-TR) or the DSM-V is required, including the subtype of ADHD on which the diagnosis is based. If the student is 18 years or older at the time of the administration, adult scales must be used. The comprehensive evaluation should include a description of the evaluation methods, tests and procedures used, including standard scores/percentiles and subtest scores, dates of administration, along with a clinical narrative based upon observations and specific results.

The evaluation/diagnostic report needs to address the individual's current level of functioning, with and without the use of mitigating measures, including medication, including the student's ability to function in a higher education academic setting.

There must be evidence that establishes a clear link between the functional limitations and the specific deficit areas along with a justification for the need of the recommended accommodations. The evaluation should demonstrate that a major life activity is substantially limited by providing evidence of the frequency and severity of the condition. The evaluator must clearly state the specific diagnosis along with the appropriate diagnostic code. *Indirect language* in the wording of the diagnosis such as "weakness," "suggests," "seems to indicate," "appears," "is indicative of," "learning difficulty or difference," "presence of" do not support a conclusive or specific diagnosis.

If the documentation is inadequate in scope or content, or fails to sufficiently address the student's current functional limitations and need for accommodations, SDAO may require additional information to be submitted. School plans such as *Individual Educational Plans (IEP)* or *504 Accommodation Plans* are helpful in providing historical data, but may not be substituted in lieu of the above requested documentation. SDAO prefers the following assessments:

- Aptitude/Cognitive Ability:
 - Wechsler Adult Intelligence Scale 3rd Edition (WAIS-III) *or*
 - Woodcock Johnson Psycho-educational Battery Tests of Cognitive Battery- Revised
- Academic Achievement:
 - Woodcock Johnson Psycho-educational Battery Tests of Achievement – Revised *or*
 - Wechsler Individual Achievement Test (WIAT)
- Information Processing:
 - Detroit Tests of Learning Aptitude – 3 (DTLA -3) or Adult (DTLA-A)
 - Subtests from the WAIS-III or Woodcock Johnson Psycho-educational Battery Tests of Cognitive Ability-Revised
- Behavioral Rating Scales, Attention, Memory and Learning Assessments: (May not be used alone, but only in conjunction with other data. Other tests/measures can and should be submitted in addition to the above assessments to support the evaluation report.)
 - Brown Attention-Deficit Disorder Scale
 - Wender Utah Rating Scale
 - Conners' Continuous Performance Test
 - Conners' Parent & Teacher Rating Scales (ages 3 – 17)
 - Beck Anxiety Inventory (BAI)
 - Achenbach System for Empirically Based Assessment
 - Behavior Assessment System for Children-2 (BASC-2)

Other tests/measures may and should be submitted in addition to the above assessments to support the evaluation report.

III. Rationale & Justification for Each Requested Accommodation

A diagnosis alone will not necessarily establish disability status or warrant accommodations under the ADA. To be considered, accommodations must be necessary, reasonable and appropriate. When recommending accommodations, the evaluator should establish a clear link between the request and the student's functional limitations that are pertinent to the anticipated academic environment. Please note that the provision of a past accommodation in another setting does not necessarily guarantee or assure the requested accommodation will be implemented at Duke University; however, having that information is helpful to SDAO and will be considered in making current decisions about necessary, reasonable, and appropriate accommodations and services. If a requested accommodation is not clearly stated and supported in the diagnostic report, SDAO reserves the right to seek additional clinical information pertaining to the determination of eligibility. **It is the student's responsibility to obtain the requested additional information when the request is made.**

Note: If there have not been any services or accommodations provided in the past, please include a detailed explanation of the reason why none were used followed by a justification of why services are needed at this time.

IV. Confidentiality

All information obtained in diagnostic and medical reports will be maintained and used in accordance with applicable confidentiality requirements.

Submitting Documentation and Questions

Documentation should be mailed to the attention of the Student Disability Access Office, Box 90142, Duke University, Durham, NC 27708 or faxed to (919) 668-3977. Questions should be directed to (919) 668-1267 or sdao@duke.edu.