

**Guidelines for  
Documentation of a  
Attention-Deficit  
Hyperactivity Disorder/  
Attention-Deficit Disorder  
(ADHD/ADD)  
in Gallaudet University  
Students**

**Gallaudet University  
Office for Students with Disabilities  
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# **Guidelines for Documentation of ADD/ADHD in Adolescents and Adults**

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# **Guidelines for Documentation of Attention Deficit/ Attention-Deficit Hyperactivity Disorders (ADD/ADHD) in Gallaudet University Students**

## **Introduction**

In response to the expressed need for guidance related to the documentation of Attention Deficit/Attention-Deficit Hyperactivity Disorders (ADD/ADHD) in deaf adults, Gallaudet University had 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 ADD/ADHD in deaf college students and the documented need for accommodation. The information and documentation that establishes a disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association, ADD/ADHD is a diagnosis applied to children and adults who constantly demonstrate specific behavior traits over a period of time.

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

Under the Americans with Disabilities Act of 1990 and its Amendments of 2008, and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability/disorder substantially limits some major life activity. The following guidelines are provided in the interest of assuring that ADD/ADHD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids.

Recommendations for students seeking evaluations 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 ADD/ADHD, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult ADD/ADHD population is essential. When assessing a deaf student, the evaluator must also have experience and knowledge in assessment of deaf and hard of hearing students. Furthermore, evaluators are required to establish effective communication with the deaf adult, giving strong consideration to the adult's preferred mode of communication.

Methods used to establish effective communication must be stated in the psychoeducational report.

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 professionals would generally be considered qualified to evaluate specific disabilities/disorders provided that they have additional training and experience in the assessment of problems in adolescents and adults whom are deaf and hard of hearing: clinical or educational psychologist, school psychologists, neuropsychologists, ADD/ADHD specialists, and medical doctors. Use of diagnostic terminology indicating a disability by someone whose training and experience are not in these fields is not acceptable. 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. 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. Therefore, it is in the student's best interest to provide recent and appropriate documentation, usually within three years, which is relevant to the student's learning environment. Exceptions may be necessary depending upon the individual circumstances and disability.

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 Attention Disorders**

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. *Attention disorders 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 psychoeducational evaluation for the diagnosis of a specific attention deficit disorder must provide clear and specific evidence that ADHD/ADD 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. Competence in working with culturally and linguistically diverse populations is also essential. When the student is deaf or hard of hearing, knowledge and experience in assessing these students is critical to a valid diagnosis. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process.

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. Because many of the instruments have not been standardized or normed on the deaf population, evaluators must not only have access to available research on deaf adults suspected of having a disorder but must use expert judgment in interpreting test data and drawing conclusions when assessing deaf students. 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

According to DSM-IV, there are three subtypes of ADHD, which should be specified in the documentation.

1. ADHD, Predominantly Inattentive
2. ADHD, Predominantly Hyperactive-Impulsive
3. ADHD, Combined Subtype

Other assessment measures such as nonstandard 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 determine an attention disorder and to differentiate it from co-existing neurological and/or psychiatric disorders (i.e., to establish a different 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

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 disorder. This is essential when assessing deaf and hard of hearing students because a discrepancy between ability and achievement can already exist due to the impact of a hearing loss or a delay in language development. The diagnostician should 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 disorder 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. When testing deaf or hard of hearing students, evaluators should be familiar with available research data on assessment instruments typically used to assess attention disorders with this population. The test findings, should document both the nature and severity of the disorder. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests to 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 other disabilities, poor education, poor motivation and/or study skills, emotional problems, and cultural/language differences. For deaf or hard of hearing students, the report should demonstrate that academic problems are not due to the effects of a hearing loss;
2. Indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of an attention deficit disorder;
3. Indication of the substantial limitation to learning or other major life activity presented by the disorder 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 can be accommodated.

The summary should also include a description of current and prior accommodations 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**

The diagnostic report should include educationally specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The Office for Students with Disabilities is not required to provide every accommodation an evaluator recommends. Reasonable accommodations are determined on a case-by-case basis. The Office for Students with Disabilities assumes responsibility for ultimately determining the nature and type of accommodations that will be provided to students with attention disorders.

When making recommendations, the evaluator should describe the impact which the diagnosed attention disorder 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 will seek clarification, and, if necessary, more information.

In instances where a request for accommodations is denied at Gallaudet University, the student may appeal following the Section 504/ADA Student Grievance Procedures.

## **V. Confidentiality**

Gallaudet University has a responsibility to maintain confidentiality of the diagnostic report and may not release any part of this documentation without the student's informed and written consent.

## APPENDIX A

### Recommendations for Deaf Students Seeking Psycho-educational Evaluations

1. For assistance in finding a qualified professional:
  - Contact the coordinator at the Office for Students with Disabilities at Gallaudet University to discuss documentation needs; and
  - Discuss future plans with the coordinator at the Office for Students with Disabilities. If additional documentation is required, seek assistance in identifying a qualified professional.
2. In selecting a qualified professional:
  - Ask for the credentials of the evaluator;
  - Ask what experience the evaluator has in working with deaf adults suspected of having an attention disorder; and
  - Ask if he or she has ever worked with the Office for Students with Disabilities at Gallaudet University prior to the appointment.
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 with these guidelines;
  - Be prepared to share important information that will assist with the assessment; and
  - Know that professionals must maintain confidentiality with respect to 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 needed; and
  - Maintain a personal file of records and reports.

## APPENDIX B

### Tests for Assessing Deaf College Students Suspected of Having ADD/ADHD

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. Because many of these instruments have not been normed on the deaf and hard of hearing population, evaluators must not only have access to available research on deaf adults suspected of having a learning disability but must be able to use expert judgment in interpreting test data and drawing conclusions when assessing deaf adults.

Standardized intelligence and psychoeducational tests acceptable for use among deaf adults suspected of having ADHD/ADD include the following list. This list is provided as a helpful resource, but is not intended to be definitive or exhaustive.

A specific diagnosis of ADHD should be based on DSM-IV criteria (in the United States), or ICD-10 (International). In cases where an initial diagnosis is made for an adult, the report should show that some symptoms were present by age 16. The report must identify the substantial limitation of a major life function presented by ADHD.

#### Aptitude/Ability

- *Wechsler Adult Intelligence Scale – IV(WAIS-IV)*
- *Reynolds Intellectual Assessment Scales (RAIS)(Nonverbal subtests)*
- *Test of Nonverbal Intelligence III (TONI – 3)*
- *Woodcock-Johnson III: Tests of Cognitive Ability(Fluid Reasoning)*

#### Academic Achievement

- *Woodcock-Johnson– III Revised: Tests of Achievement*
- *Nelson-Denny Reading Skills Test*
- *Scholastic Abilities Test for Adults (SATA )Reading Comprehension*
- *Wechsler Individual Achievement Test III (WIAT)*
- *Wide Range Achievement Test-4 (Sentence Comprehension)*
- *Woodcock Reading Mastery Tests – Revised*

#### Memory

- *Tests of Memory and Learning*
- *Wechsler Memory Scale-IV(Nonverbal Memory Tests)*
- *Wide Range Assessment of Memory and Learning-2*
- *Woodcock-Johnson – III Nonverbal memory Subtests*
- *Signed Paired Associate Test*

#### Executive Functioning and Attention

- *Attention Deficit Scales for Adult: Sign Language Version (ADSA-SLV)*
- *Conners Adult ADHD Rating Scale*

- *Connors' Continuous Performance Test: II*
- *Rey Complex Figure Test*
- *Delis-Kaplin Executive Function System (nonverbal subtests)*
- *Wisconsin Card Sorting Test*
- *Test of Variables of Attention*

## **Social and Emotional Functioning**

- *Clinical Interview*
- *Questionnaires*
- *Rotter Incomplete Sentence Blank*
- *Thematic Apperception Test (Test administrator must be fluent in sign language or an interpreter should be qualified to interpret for psychological testing)*
- *Rorschach Inkblot Test (Test administrator must be fluent in sign language or an interpreter should be qualified to interpret for psychological testing)*
- *Beck Depression Index II (interpret cautiously due to verbal nature of test)*
- *Beck Anxiety Index (interpret cautiously due to verbal nature of test)*