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***Policy Statement
For Documentation of
Attention-Deficit/Hyperactivity Disorder
In Adolescents and Adults***

Second Edition 2008

**Office of Disability Policy
Educational Testing Service
Princeton, NJ 08541**

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Policy Statement for Documentation of Attention-Deficit/ Hyperactivity Disorder in Adolescents and Adults

What Is New In This Revision?

This document updates the 1998 first edition of the ETS Policy Statement for the Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults by developing standard criteria for documenting attention-deficit/hyperactivity disorder, with or without hyperactivity (ADHD). It incorporates the most recent research in ADHD and reflects more than ten years of experience reviewing documentation intended to support test takers' requests for disability-related accommodations. ETS's mission was to synthesize current knowledge about ADHD and explain diagnostic criteria for documenting ADHD that could be used by postsecondary personnel, licensing and testing agencies, and consumers requiring documentation to determine appropriate accommodations. Given that ETS provides accommodations at no cost to test takers with disabilities, it may request documentation that is sufficient to support the accommodations requested. The term ADHD, sometimes referred to as ADD, is used in this document, following the official nomenclature in the *Diagnostic and Statistical Manual of Mental Disorders*, (4th edition DSM-IV-TR [American Psychiatric Association], 2000). The objective of this revised document is to provide test takers, and their evaluators, with guidance about the specific information needed to support requests for accommodations on high stakes tests without being overly prescriptive.

The revised Policy Statement includes the following new features:

- an Executive Summary
- a section on documentation updates, designed to reduce the cost of having to provide new comprehensive evaluations
- additional information on the importance of evaluators providing objective and first-hand data that complement subtest scores
- a new emphasis on co-morbidity, rule-outs, and dual diagnoses, acknowledging that ADHD can occur with other conditions such as learning disabilities, anxiety disorders, obsessive-compulsive disorder, and/or giftedness
- a recognition that ADHD symptoms present across a wide spectrum--from extremely mild to severe and can be clinically diagnosed at any age
- an opportunity for test takers to write a brief personal statement highlighting their own histories and current need for accommodations
- a new section with Reminders to Evaluators in Preparing ADHD Documentation (refer to Appendix B)
- a revised listing of commonly used diagnostic tools, checklists and rating scales (refer to Appendix C)

Executive Summary

The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders*, (4th edition DSM-IV-TR [American Psychiatric Association], 2000) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder diagnosis. A test taker with an ADHD diagnosis must meet basic DSM-IV-TR criteria including the following:

- A. Demonstrating that they exhibit a sufficient number of symptoms (listed in DSM-IV-TR) of Inattention and/or Hyperactivity/Impulsivity that have been persistent and maladaptive. The exact symptoms should be specified and described in detail and it should be shown how the test taker meets criteria for a long-standing history of impairment.
- B. Since ADHD is by definition a disorder that is first exhibited in childhood or early adolescence, the documentation must provide evidence to support a childhood onset of symptoms and associated impairment. It is always helpful to provide historical records that validate self-reported impairment such as elementary, middle school, and/or high school report cards. Individualized Education Plans, 504 Plans, early psycho-educational testing reports, teacher comments, documentation from tutors or learning specialists, disciplinary records may all be useful sources of information.
- C. Providing objective evidence demonstrating that current impairment from the symptoms is present in two or more settings. Since ADHD tends to affect people over time and across situations in multiple life domains, it is necessary to show that the impairment is not confined to only the academic setting or to only one circumscribed area of functioning.
- D. A determination that the symptoms of ADHD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders, substance abuse, low cognitive ability, etc.) or situational stressors (such as relationship issues, family, or financial crisis, etc.)
- E. Indicating the specific ADHD diagnostic subtype—Predominantly Inattentive Type, Hyperactive Impulsive Type, Combined Type, or Not Otherwise Specified, is required.

In addition, the following information explains some important considerations regarding ADHD documentation:

- **A qualified diagnostician must conduct the evaluation.**

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adolescents and adults with ADHD is necessary.

- **Documentation must be current.**

Because the provision of reasonable accommodations and services is based upon assessment of the current impact of the test taker's disability on the testing activity, it is necessary to provide "recent" and appropriate documentation. In most cases, this means that a diagnostic evaluation must have been completed within the past three years.

- **Records of academic history must be provided.**

Because developmental disabilities such as an ADHD are usually evident during early childhood (though not always diagnosed), historical information regarding the individual's academic and behavioral functioning in elementary and secondary education should be provided. Self-report alone, without any accompanying historical documents that validate developmentally deviant ADHD symptoms and impairment is not sufficient.

- **The documentation should build a case for and provide a sound rationale for the ADHD diagnosis.**

An ADHD evaluation is primarily 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.

- **Test scores alone are not sufficient to establish an ADHD diagnosis**

Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. A neuropsychological or psycho-educational assessment can be helpful in identifying the individual's pattern of strengths and weaknesses and whether there are patterns supportive of attention problems. However, a comprehensive testing battery alone, without illuminating a pattern of real world functional impairment, will not be sufficient to establish an ADHD diagnosis or a disability. Checklists and/or ADHD symptom rating scales can be a helpful supplement in the diagnostic process, but by themselves are not adequate to establish a diagnosis of ADHD.

- **Each accommodation recommended by the evaluator must include a rationale.**

In addition to a comprehensive diagnostic evaluation, the report should also address the history of prior accommodations the test taker has received and the objective of those accommodations. Accommodations are not granted on the basis of a diagnostic label.

Instead, accommodation requests need to be tied to evidence of current functional impairment that supports their use. The evaluator must describe the type and degree of impact the ADHD has (if one exists) on a specific major life activity and on the individual. A detailed explanation must be provided as to why each accommodation is recommended and should correlate specifically to identified functional limitations.

It is important to note that a prior history of receiving accommodations in previous academic/testing environments is not a guarantee one will be granted accommodations on a high stakes examination. Prior documentation may have been adequate in determining appropriate services or accommodations in the past. However, a prior history of accommodations without demonstration of a current need does not in itself warrant the provision of similar accommodations.

For specific details on the above points, readers should consult the ETS "Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults".

(Adapted with permission from Dr. Kevin R. Murphy, Guidelines for ADHD/ADD, 2008.)

Documentation Requirements

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of ADHD and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis of the full range of psychiatric disorders are essential. Competence in working with culturally and linguistically diverse populations may also be required, depending on the applicant's background and academic history.

The following professionals generally would 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: licensed 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. Documentation that relies on diagnostic terminology indicating ADHD by someone whose training and experience are not in these fields is not acceptable. It is not appropriate for professionals to evaluate members of their own families or children of close friends.

The name, title, and professional credentials of the evaluator--including information about licensure or certification, as well as, the areas of specialization, employment, and state or province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed in English, dated, signed, and otherwise legible.

II. Documentation Must Be Current

The provision of reasonable accommodations and services is based upon clear evidence of the current impact of the disability on the test taker's academic performance. In most cases, this means that a diagnostic evaluation has been completed within the past three years. Documentation that is more than three years old may be considered 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 accommodations, reevaluation may be required. In cases where observed changes may have occurred in the individual's performance since the previous assessment, or new treatments may have been prescribed or discontinued since the previous assessment was conducted, it may be necessary to update the evaluation report. Please see additional information under Section IV, "A Documentation Update" for specifics regarding the recency of documentation. If necessary, ETS consultants will recommend what aspects of the documentation need to be updated or augmented in order to be reviewed more fully.

III. Documentation Must Include the Following Components to Substantiate the Diagnosis

A. Evidence of Early Impairment

By definition in the DSM-IV-TR, ADHD is exhibited in childhood or early adolescence (although it may not have been formally diagnosed) and manifests itself in more than one setting. Relevant historical information is essential. A comprehensive assessment should include the following: 1) clinical summary of objective or first hand data, (anecdotal or narrative) such as teachers' reports, report cards, rating scales filled out by parents, teachers or others; 2) IEPs or 504 Plans, and historical information that establishes symptomology indicative of ADHD throughout childhood, adolescence and adulthood that can be garnered from transcripts, teacher comments, tutoring evaluations, job performance evaluations, past psychoeducational testing; and third party interviews when available.

B. Evidence of Current Impairment

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

1. Statement of Presenting Problem

What are the individual's current ADHD symptoms? These must include data of ongoing inattentive and/or impulsive/hyperactive behavior, that significantly impairs functioning in two or more settings (i.e., home, school, or employment).

2. Relevant Diagnostic Information

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. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- history of presenting ADHD symptoms, including evidence of ongoing inattentive and/or impulsive/hyperactive behavior that has significantly impaired functioning over time
- developmental history
- family history for presence of ADHD and other educational, learning, working, physical, or psychological difficulties deemed relevant by the examiner
- relevant medical and medication history, effects of medication (either positive or negative), including whether the typical medical regime was in place at the time of the evaluation

- relevant psychosocial history and interventions
- relevant employment history
- a thorough academic history of elementary, secondary, and postsecondary education (i.e. previous standardized test scores, group-administered test scores, IEPs, 504 Plans, report cards, and/or listings of previously obtained accommodations and evidence of their effectiveness).
- a review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
- description of current functional limitations pertaining to an educational and/or work setting that presumably are a direct result of problems with attention
- information regarding the direct impact of the disability/diagnosed condition on academic performance and/or employment performance, as well as a rationale for each requested accommodation related to the impairment.

C. Alternative Diagnoses or Explanations Must Be Ruled Out

Given the high rate of co-morbidity, it is recommended that evaluators investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, personality disorders, etc. and/or other health issues that may confound the diagnosis of ADHD (e.g., substance abuse, sleep management, etc.). This process should include exploration of possible alternative diagnoses and medical and psychiatric disorders, as well as educational and cultural factors potentially affecting the diagnosis of ADHD.

D. Relevant Testing Information Must Be Provided

The assessment of the individual must not only establish a diagnosis of ADHD, but must also demonstrate the current impact of the ADHD on an individual's ability to learn. It is important to discuss differential diagnoses, the possible cause of the disability and its impact if it cannot be ameliorated without accommodations. Ideally, the documentation should address why the requested accommodation is better than other possible accommodations. In addition, 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 psychoeducational or neuro-psychological assessment is the primary tool for determining the degree to which the ADHD currently impacts the individual relative to taking standardized tests.

The reporting of test scores must be complete, not selective. 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 function 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 TR Criteria

The current version of the *Diagnostic and Statistical Manual of Mental Disorders*, (4th edition DSM-IV-TR [American Psychiatric Association], 2000) known as the DSM-IV-TR, should be utilized in all determinations. According to the DSM-IV-TR, “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. 85). Just having the symptoms, however, is not sufficient for diagnosis, as a large proportion of adolescents and adults report experiencing some of the ADHD symptoms listed in the DMS-IV-TR. A diagnostic report should include a review and discussion of the current DSM-IV-TR criteria for ADHD both, currently and retrospectively, and specify which symptoms are now present (see Appendix A for DSM-IV TR criteria).

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

- symptoms of inattention and/or hyperactivity/impulsivity causing significant impairment must have been present, in some form, in childhood or early adolescence
- current symptoms have been present for at least the past six months
- significant impairment from the symptoms is present in two or more settings (for example, school, work, home)
- clear evidence of significant impairment in social, academic, or occupational functioning
- 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, Dissociative Disorder, or a Personality Disorder). Alternative diagnoses should be ruled out.

F. Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis of ADHD (including the subtype) based on the current DSM diagnostic criteria. The qualified professional should provide a rationale and supportive data to substantiate this diagnosis.

Individuals who only report problems with daily organization, test anxiety, difficulty with timed testing, memory, or concentration in selective situations do not fit the prescribed diagnostic criteria for ADHD. Similarly, while executive function issues are commonly seen in students who have ADHD, these students with executive function issues who do not meet the DSM criteria for ADHD would not qualify under the ADHD classification. A positive response to medication by itself does not constitute a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).

Because of the challenge of distinguishing the range of normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic under-achievement or failure, low self-esteem, chronic tardiness, or inattendance) from clinically significant impairment, a multifaceted evaluation should address the severity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

It is not sufficient for a current evaluation report to simply refer to a prior diagnosis as confirmatory evidence of ADHD. The current assessment needs to reconfirm the diagnosis with supportive clinical data and an updated rationale for accommodations.

G. Documentation Must Include Interpretation and Discussion of Diagnostic Findings

A well-written interpretation of findings based upon a comprehensive evaluative process is a necessary component of the documentation. An ADHD diagnosis is in many ways based upon the integration of relevant historical information and observation, as well as other diagnostic findings; therefore, it is essential that the evaluator's professional judgment be used to develop this section along the following guidelines.

1. Evaluators should rule out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity resulting from medical conditions, other psychological disorders, or noncognitive factors. The evaluator must describe the manner in which the possible alternatives were considered and ruled out (e.g., historical information, observation, or test results).
2. Evaluators should demonstrate how patterns of inattentiveness, impulsivity, and/or hyperactivity have affected the individual across the life span and across developmentally appropriate settings (e.g., school, playground, and home discipline for children; occupational, interpersonal, financial, civic adjustment/responsibility for adults) in making a diagnosis of ADHD.
3. Evaluators should specifically describe how ADHD substantially limits learning and to what degree the disorder affects the individual in the testing context for which the candidate is requesting accommodations.

4. Evaluators should describe whether or not the candidate was taking psycho-active medication at the time of the evaluation, and indicate the extent to which any and all of the treatment provides a positive response and/or negative side effects.
5. Additionally, evaluators should recommend what accommodations are needed based on how the disorder affects the candidate in the testing situation and what compensatory activities may occur as a result of the accommodation.

IV. A Documentation Update

If the documentation provided by the candidate does not meet ETS documentation requirements for ADHD, candidates have the option of submitting new documentation or a documentation update. A *documentation update* is a report by a qualified professional that includes a **summary** of the original disability documentation findings, as well as **additional clinical data** necessary to establish the candidate's current eligibility and the appropriateness of the requested testing accommodation(s).

It is recommended that the summary in a documentation update include:

- a restatement of the current diagnosis, including date(s) for all prior diagnoses and data that were used to establish the diagnosis. Evidence regarding the diagnosis should be more than a self-report by the test taker
- verification of continuing weaknesses in those areas identified in prior evaluation(s)
- a statement about current functional limitations due to the disability, including information regarding its duration, severity, and impact on academic performance in general and test taking in particular
- observational data, gathered during the evaluation, of behavior such as affect, concentration, attentional fatigue, executive functioning, and fluency
- a history of types of accommodations received and used, consistency and circumstances of use (e.g., the type of test for which accommodations were most helpful), or an explanation of why no accommodations have been used prior to the current request but are needed now
- a discussion of the appropriateness of the requested accommodations for ETS tests.

Additional evaluation data for an ADHD update should include:

Achievement measures that substantiate the ongoing impact of the disability on academic performance. The updated evaluation need not include a full battery of tests, but may include selected academic tests and subtests deemed appropriate to support current eligibility. There should be an explanation of why certain subtests were selected for the update, interpretation of the reported scores, and a discussion of how any error patterns in the candidate's performance reflect a substantial limitation to learning and/or test taking.

- Assessment of cognitive functioning is necessary only if the existing documentation does not contain adequate and age-appropriate information to establish the disability status. An update of intellectual functioning is generally not necessary if the WAIS-III, or a comparable measure, was used in the past, given that intellectual functioning is typically stable in adulthood.
- Finally, the extent of retesting required for a documentation update is applicant-specific, and depends on how closely the initial documentation report complies with the prevailing professional standards and ETS documentation guidelines.

V. Each Accommodation Recommended by the Evaluator Must Include a Rationale

Postsecondary institutions and/or examining, certifying, licensing agencies and employers are obligated to provide reasonable accommodations. A detailed explanation supporting the need for *each* requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process. ETS may approve some, all, or none of the requested accommodations depending on the sufficiency of the documentation provided. If the documentation is deemed insufficient ETS will provide the test taker with an opportunity to address limitations in the diagnostic report.

Prior documentation is useful in establishing an appropriate accommodation history but documentation must also 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 in and of itself but can be included with a more comprehensive evaluative report. The documentation must 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, etc.) and whether or not they benefited the individual. For individuals who are not currently engaged in an educational setting, documentation must include a discussion of any prior educational accommodations and the condition under which the accommodations were used or the adaptive compensatory strategies used by the individual.

A prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations. If no prior accommodations were provided, the qualified professional and/or the candidate must include a detailed explanation of why accommodations are needed at this time.

If the requested accommodations are not clearly identified in the diagnostic report, ETS may request clarification and, if necessary, more information. ETS will make the final determination of whether reasonable accommodations are warranted and deemed appropriate for the test.

VI. Confidentiality

ETS will adhere to its policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or under compulsion of legal process.

APPENDIX A

DSM-IV-TR Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder*

The following diagnostic criteria for ADHD are specified in the DSM-IV-TR:

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)
- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. 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, Dissociative Disorder, or a Personality Disorder).

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

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: 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 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified:

This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder. Examples include:

1. Individuals whose symptoms and impairment meet the criteria for Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type but whose age at onset is 7 years or after

2. Individuals with clinically significant impairment who present with inattention and whose symptom pattern does not meet the full criteria for the disorder but have a behavioral pattern marked by sluggishness, daydreaming, and hypoactivity

*** Note.** *Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, (Copyright 2000). American Psychiatric Association. Retrieved On-Line at www.psychiatryonline.com.*

APPENDIX B

Reminders to Evaluators in Preparing ADHD Documentation

Candidates seeking to register with various Educational Testing Service testing programs, including the College Board, are best served by providing strong evaluations that document the existence of ADHD and the essential need for the requested accommodations. Our intent is to provide test takers and their evaluators with guidance on developing a comprehensive diagnostic protocol for ADHD that describes the whole person.

Under the Americans with Disabilities Act (ADA), of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured access to educational services. To establish that an individual is covered under the ADA, the documentation must indicate that the disability *substantially limits* one or more major life activities, including learning.

Evaluators are encouraged to keep the following points in mind as they prepare disability documentation:

- An ADHD diagnosis should not be made without clear evidence of problems dating back to childhood, although, symptoms may not become functionally limiting until adolescence.
- There must be evidence of the functional impact of the disability based on DSM-IV-TR criteria. Having a disorder does not mean it is disabling.
- There is a need for multi-dimensional assessment that includes data from different sources (e.g., client, significant other, parents, school records, employment performance records, neuropsychological testing).
- An ADHD diagnosis should never be made solely from a symptom count based on a checklist or rating scales.
- While neuropsychological and psycho-educational testing is not yet able to reliably diagnose ADHD, it can help determine the current levels of severity of the ADHD and quantify the impact of the disorder on cognitive or academic functioning.
- Success in an educational arena is not by itself a reason to rule out the diagnosis of ADHD.
- Many evaluators recommend extra time and/or a separate testing room for students with ADHD without providing any rationale for the request. Again, all recommended accommodations must be accompanied by a data-driven rationale, which psychological and neuropsychological testing can be used to support.

APPENDIX C

Assessing Adolescents and Adults with ADHD

The diagnosis of ADHD is strongly dependent on a clinical interview in conjunction with a variety of formal and informal measures. Since there is no one test, or specified combination of tests, for determining ADHD, the diagnosis of an attention deficit/hyperactivity disorder requires a multifaceted approach. Any tests that are selected by the evaluator should be technically accurate, reliable, valid, and standardized on the appropriate norm group. The most recent version of the test should always be used unless the evaluator can offer a rationale for use of an older version. The following list includes a variety of measures for diagnosing ADHD and/or LD/ADHD. It is meant to be a helpful resource to evaluators but not a definitive or exhaustive listing.

The Clinical Interview – The evaluator should: 1) provide retrospective confirmation of ADHD; 2) establish relevant developmental and academic markers; 3) determine any other co-existing disorders; and 4) rule out other conditions that may mimic ADHD.

Specific areas to be addressed include:

- Family history
- Results of a neuromedical history
- Presence of ADHD symptoms since childhood or early adolescence
- Presence of ADHD symptoms in the last 6 months
- Evidence that symptoms cause a significant impairment over time
- Obtain qualitative information regarding the extent of current functional impairment (e.g., academic, occupational, social)
- Results of clinical observation for hyperactive behavior, impulsive speech, distractibility
- Presence of other psychiatric conditions (mood or anxiety disorders, substance abuse, etc.)
- Indication that symptoms are not due to other conditions (e.g., depression, drug use, neuromedical problems)
- Relevant medication history and response to treatment
- An accounting for periods during which the student was symptom-free
- Determination of what accommodations, if any, have minimized the impact of functional limitations in the past or in the present setting
- Determination of which remediation approaches and/or compensating strategies are and are not currently effective

Rating Scales – Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data.

Selected examples include:

- Achenbach System for Empirically Based Assessment (ASEBA)
- ADD-H Comprehensive Teachers Rating Scale (ACTeRS)
- ADDES-Secondary Age
- ADHD Rating Scale-IV
- ADHD Symptom Checklist – 4 (ADHD-SC4)
- Attention-Deficit Disorders Evaluation Scale: Secondary-Age Student (ADDES-S)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI-II)
- Behavior Assessment System for Children-2 (BASC-2)
- Behavior Rating Inventory of Executive Functioning (child or adult version)
- Brown Attention-Deficit Disorders Scale
- Conners' Parent Rating Scale (age 3-17 years)
- Conners' Teacher Rating Scale (age 3 -17 years)
- Conners' Rating Scales-3 (Conners 3)
- Conners' Adult ADHD Rating Scales (CAARS)
- Conners' Comprehensive Behavior Rating Scales (Conners CBRS)
- Copeland Symptom Checklist for Adult Attention-Deficit Disorders (CSCAADD)
- Hamilton's Depression Rating Scale
- Wender Utah Rating Scale (WURS) and Parent's Rating Scale (PRS)

Observational Forms – primarily for children and teenagers in the classroom setting

Selected examples include:

- ADHD School Observation Code
- ADHD Direct Observation System
- BASC-2 Student Observation System
- CBC/Test Observation Form
- Child Behavior Checklist/Direct Observation Form
- School Hybrid Observation Code for Kids

Neuropsychological and psycho-educational testing-Cognitive and achievement profiles may suggest attention or information-processing deficits. No single test or subtest should be used as the sole basis for a diagnostic decision.

Selected examples include:

Tests of Intellectual Functioning

- Kaufman Adolescent and Adult Intelligence Test
- Reynolds Intellectual Assessment Scales (RIAS)
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – III (WAIS-III)
- Woodcock-Johnson – III Tests of Cognitive Ability

Attention, Memory, and Learning

- Attention Capacity Test (ACT)
- Brown Attention-Deficit Disorder Scale
- California Verbal Learning Test-Second Edition (CVLT-II)
- Conners' Continuous Performance Test (CPT)
- Detroit Test of Learning Aptitude – 4 (DTLA -4)
- Detroit Test of Learning Aptitude-Adult (DTLA-A)
- Gordon Diagnostic Systems (GDS)
- Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
- Kagan Matching Familiar Figure Test (KMFFT)
- Paced Auditory Serial Test (PASAT)
- Test of Everyday Attention for Children (TEA-Ch)
- Tests of Variable Attention Computer Program (TOVA)
- WAIS-III Working Memory Index
- Wechsler Memory Scales – III (WMS-III)

Executive Functioning

- BRIEF
- Delis-Kaplan Executive Function System
- Stroop Color and Word Test
- Trail Making Test Parts A and B
- Tower of London-Second Edition
- Wisconsin Card Sorting Test (WCST)

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test- II (WIAT-II)
- Woodcock-Johnson Psychoeducational Battery – III: Tests of Achievement

Supplemental achievement tests such as:

Gray Oral Reading Test (GORT 4th Ed).

Nelson-Denny Reading Test (with standard and extended time)

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 when the results are interpreted within the context of other diagnostic information. The Wide Range Achievement Test – 4 (WRAT-4) or the Nelson-Denny Reading Test are **not** a comprehensive measure of achievement and should not be used as the sole measure of achievement.

Medical evaluation – Medical disorders may cause symptoms resembling ADHD. Therefore, it may be important to rule out the following:

- Neuroendocrine disorders (e.g., thyroid dysfunction)
- Neurologic disorders
- Impact of medication on attention if tried, and under what circumstances
- Sleep disorders

Collateral information – Include third-party sources that can be helpful to determine the presence or absence of ADHD in childhood.

Description of current symptoms (e.g., by spouse, partners, teachers, employer)

Description of childhood symptoms (e.g., parent)

Information from old schools and report cards and transcripts

APPENDIX D

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 with ADHD;
 - 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 which you are providing documentation; and
 - d. ask whether you will receive a comprehensive written report.
3. In working with the professional:
 - a. share a copy of these guidelines with 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.

APPENDIX E

Resources and Organizations

Association on Higher Education and Disability (AHEAD)

107 Commerce Center Drive, Suite 204, Huntersville, NC 28078

(704) 947-7779 voice and text

(704) 948-7779 Fax

Internet: <http://www.AHEAD.org>

An excellent organization to contact for individuals with disabilities who are planning to attend college and who will need special accommodations. Numerous training programs, workshops, publications, and conferences are available.

Attention Deficit Disorder Association (ADDA)

15000 Commerce Parkway, Suite C

Mount Laurel, NJ 08054

856-439-9099 voice

856-439-0525 Fax

Internet: <http://www.add.org>

The mission of ADDA is to provide information, resources, and advice to adults with AD/HD and to the professionals who work with them. ADDA has an annual conference, a quarterly newsletter, audio and video tapes, and provides adults with advocacy and networking opportunities. .

Children and Adults with Attention Deficit Disorders (CH.A.D.D.)

8181 Professional Place - Suite 150

Landover, MD 20785

301-306-7070 voice

301-306-7090 Fax

Internet: <http://www.chadd.org>

CH.A.D.D. is a national organization with over 32,000 members and more than 500 chapters nationwide that provides support and information for parents who have children with ADD and adults with ADD.

Council for Exceptional Children (CEC)

1110 North Glebe Road, Suite 300

Arlington, VA 22201

888-232-7733 voice

866-915-5000 TTY

703-264-9494 Fax

Internet: <http://www.cec.sped.org>

The largest international professional organization committed to improving educational outcomes for individuals with disabilities.

International Dyslexia Association (IDA)

40 York Rd., 4th Floor

Baltimore, MD 21204

410-296-0232 voice

800-ABCD-123 for Messages

410-321-5069 Fax

Internet: <http://www.interdys.org>

The IDA is an international, nonprofit organization dedicated to the study and treatment of learning disabilities and dyslexia. For nearly 50 years, IDA has been helping individuals with dyslexia, their families, teachers, physicians, and researchers to better understand dyslexia.

Learning Disabilities Association of America (LDA)

4156 Library Road

Pittsburgh, PA 15234-1349

412-341-1515 voice

412-344-0224 Fax

Internet: <http://www.lदानatl.org>

LDA is the largest nonprofit volunteer organization advocating for individuals with learning disabilities. LDA has more than 600 local chapters and affiliates in 50 states, Washington, DC and Puerto Rico. LDA seeks to educate individuals with learning disabilities and their parents about the nature of the disability and inform them of their rights.

National Center for Learning Disabilities (NCLD)

381 Park Ave. South, Suite 1401

New York, NY 10016

212-545-7510 voice

212-545-9665 Fax

Internet: <http://www.nclد.org>

NCLD's mission is to promote public awareness and understanding of children and adults with learning disabilities, and to provide national leadership on their behalf, so they may achieve their potential and enjoy full participation in society.

Recording for the Blind & Dyslexic (RFB&D)

20 Roszel Road

Princeton, NJ 08540

609-452-0606 voice

800-221-4792 voice (book orders only)

609-520-7990 Fax

Internet: <http://www.rfبd.org>

RFB&D is recognized as the nation's leading educational lending library of academic and professional textbooks on audio tape from elementary through post-graduate and professional levels. Students with print disabilities can request cassette or diskette versions of books and order 4-track tape players..