



Documentation Guidelines for Test Takers with ADHD

Office of Disability Policy
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I. Preface

ETS recognizes the importance of periodic review of documentation guidelines to ensure that they reflect current practice and professional standards, developments in the field and recent guidance from the Department of Justice. This edition (2026) of the ETS Documentation Guidelines for Test Takers with ADHD incorporates the previous editions and introduces other changes based upon many years of experience with test takers with ADHD.

II. Introduction

ETS is committed to providing reasonable testing accommodations for test takers with documented disabilities as recognized under the ADA Amendments Act of 2008 (ADAAA). We review requests for accommodations on a case-by-case basis according to established policies and practices, which ensure that people with disabilities have equal access to ETS tests. This document provides guidance to test takers with ADHD who are requesting accommodations. It also provides guidance to evaluators regarding the documentation of ADHD and the linking of accommodation requests to disability-related functional limitations.

You may refer to <https://www.ets.org/disabilities/test-takers.html> for helpful information on requesting accommodations, registering for a test and scheduling a test date. You can also use the “For Test Takers” page for a list of common accommodations, information on where to find bulletins for the test(s) you plan to take, how to determine if documentation is needed to support requested accommodations, and how to register, pay for and schedule the test(s).

To provide more information for your evaluators or other relevant professionals, please direct them to <https://www.ets.org/disabilities/evaluators.html>.

Definition

The current version of the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR) defines ADHD as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, impacts the individual in two or more settings (e.g., at home, school or work; with friends or relatives; in other activities) for at least the past six months, and has direct negative impact on social, academic and/or occupational functioning. The DSM-5-TR specifies that several symptoms must have been present before age 12 [American Psychiatric Association (2022). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision].

III. Documentation Details

Who should conduct an evaluation and what identifying information is important?

A qualified professional should conduct the evaluation. Healthcare professionals are generally considered qualified to evaluate and diagnose ADHD if they have appropriate training in differential diagnosis and direct experience with adolescent or adult ADHD populations. Qualified professionals may include psychologists, neuropsychologists, school psychologists, clinical social workers, neurologists, psychiatrists, psychiatric nurse practitioners, and primary care physicians. Supplemental information from other relevant professionals may be helpful in support of requested accommodations.

The name, title and professional credentials of the evaluator should be clearly stated in the documentation. This information should include licensure and/or certification, as well as the areas of specialization, employment, and the state or province in which the individual practices. Evaluations conducted by tele-assessment or via a hybrid of tele-assessment and in-person assessment should indicate which parts of the evaluation were conducted in person and which parts were conducted remotely. Remote assessments should state the geographic location(s) of the evaluator and the test taker at the time of evaluation. For additional information, please see ETS Tele-Assessment Guidance, <https://www.ets.org/pdfs/disabilities/tele-assessment-guidance.pdf>. All reports should be on letterhead, typed in English, dated, signed and otherwise readable.

How recent should documentation be?

In order for a determination to be made regarding reasonable accommodations, documentation should verify the functional impact of the disability as it relates to the current test-taking situation. For most test takers, a diagnostic evaluation completed within the past five years and/or when the test taker was at least 16 years of age may be helpful as is information regarding the test taker's longer standing history of disability.

What documents should I submit?

A. Document(s) addressing current DSM or ICD criteria.

Consistent with professional standards for the diagnosis of ADHD, diagnostic assessment should include multiple methods, i.e., there is no single test or measure recommended to be used alone. Multi-modal assessment should include: a thorough diagnostic interview (i.e., thorough enough to rule out other possible causes for ADHD-type symptoms of which there are many and which may vary depending upon the developmental stage of the specific adult); review of pertinent records (if available); information from third-party informants

(e.g., interview data, standardized questionnaires, checklists, etc.); standardized self-report questionnaires and/or checklists; and often continuous performance measures. Some experts recommend that measures of effort should also be administered.

A diagnostic report or letter to support the need for testing accommodations should include the following information which will be elaborated further below: (1) a specific diagnosis of ADHD and the subtype based on the current DSM or ICD diagnostic criteria; (2) a rationale and supporting data to substantiate this diagnosis; (3) rule-outs for alternative explanations (i.e., medical conditions, psychological conditions, environmental factors, etc.) for inattentiveness, impulsivity, other related executive function deficits, and/or hyperactivity; (4) discussion of any co-occurring conditions (i.e., dual or multiple diagnoses); (5) mention of any educational or cultural factors potentially affecting the ADHD diagnosis; (6) description of the ameliorative effects and any negative side effects of medications; (7) overview of interventions and strategies being applied that are helpful in managing the condition and its symptoms, if applicable; (8) the ADHD-related functional limitations noted across life contexts (i.e., education/employment, activities of daily living, relationships, etc.); (9) the impact of these functional limitations in the current testing situation and how it has been determined; and (10) recommended testing accommodations that are explicitly linked to the individual's disability-related functional limitations.

Research indicates that it can be challenging to distinguish the range of normal adolescent and adult behaviors and developmental patterns from clinically significant impairment. Many individuals experience procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or absenteeism, and/or employment-related difficulties at some point in life. Because of this, it is very helpful for ADHD documentation to specify the severity and frequency of an individual's symptoms/ behaviors and whether they cause functional limitations (i.e., impairment in a major life activity). Concrete behavioral observations and examples often convey this information effectively. Please note that documentation which only refers to a prior ADHD diagnosis does not verify a current diagnosis. While a significant percentage of individuals who meet criteria for ADHD diagnosis in childhood continue to meet criteria in adulthood, not all individuals do (American Psychiatric Association, 2013). Documentation for accommodations determination should reconfirm the diagnosis with supporting clinical data and an explicit rationale that directly links recommended accommodations with clearly elaborated disability-related functional limitations as they impact the current testing situation.

B. Evidence of early impairment and current impact

By definition in the DSM and ICD, ADHD is exhibited in childhood or early adolescence. The provision of reasonable accommodations and services is based upon clear indication of the current impact of the disability on the test taker's academic performance and/or testing experience.

The documentation should include a summary of the diagnostic interview conducted by a qualified evaluator. This interview, with information from a variety of sources, may include but is not necessarily limited to the following:

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- history of ADHD symptoms, including evidence of ongoing inattentive and/or impulsive/hyperactive behavior that has significantly impaired functioning over time and across settings
 - developmental, psychosocial and vocational history
 - family history, specifically for incidence of ADHD
 - educational history (including previous standardized test scores, group-administered test scores, IEPs, 504 Plans, report cards and/or verification of previously obtained accommodations and their effectiveness)
 - relevant medical and medication history; if applicable, effects of medication (either positive or negative), including what medication(s) the individual was taking at the time of the evaluation, whether it appeared to be effective and any directly observed side effects
 - for each requested accommodation, a rationale that explains the impact of the test taker's disability-related functional limitations in the current testing situation

Please note that a psycho-educational or neuropsychological assessment may be helpful for determining the degree to which the ADHD impacts the test taker in the current testing situation. Such assessments might include testing of intellectual functioning/general cognitive abilities, processing speed, fluency, executive functioning, language, memory and learning, attention, etc. Depending on the type of accommodations requested, academic achievement testing may be helpful. For example, if a reader is a requested accommodation, achievement measures pertinent to reading may clarify the test taker's need for this accommodation in the current testing situation.

Selected subtest scores from measures of intellectual functioning, memory functioning, attention or visual tracking or continuous performance tests often help to provide a better understanding of the test taker, but do not — in and of themselves — establish the need for accommodations. Similarly, checklists and/or surveys often supplement the diagnostic profile, but alone may not be adequate for identifying functional limitations. Clearly described and sound clinical observations and judgment are paramount. Assessment findings should document both the nature and the severity of the ADHD diagnosis and its related functional limitations. All data and documents provided should logically reflect a substantial limitation in learning and/or attention for which the test taker is requesting an accommodation.

What if the submitted documentation is insufficient for current accommodation determination?

If the submitted documentation does not provide sufficient information for current accommodation determination, a re-evaluation or a documentation update may be submitted.

A documentation update is a brief report by a qualified professional. It should include a

summary of the disability history and the original documentation findings, as well as a clinical update that reaffirms the ADHD diagnosis and introduces any new factors regarding the functional limitations related to the disability. The evaluation instruments selected for the update may include only those tests and scales that illustrate the nature of the test taker's disability and its impact on learning and test taking. It is important that the professional address the functional impact on the test taker and, more specifically, its potential impact in the current test-taking situation. Accommodation recommendations should be specific and directly linked to the test taker's functional limitations. The update should also include a rationale regarding the need for any requested accommodations.

In addition to documentation from a professional, any information from the applicant that helps to clarify and/or illustrate the need for the requested accommodation(s) in the current testing situation is also welcome. This might include a personal statement from the test taker that explains how the disability affects learning, test-taking and performance.

The following are general recommendations about information to provide in a documentation update:

- a restatement of the current diagnosis accompanied by supporting documentation, if available, including date(s) for all prior diagnoses and data that were used to establish the diagnosis;
- verification of continuing weaknesses in those areas identified in prior evaluation(s);
- a statement from a professional who has worked with the test taker about how the test taker's functional limitations may impact the current test taking situation;
- observational data from the test taker's clinician, a disability service professional and/or a work supervisor regarding relevant behaviors such as ease of work production, test taking and/or the general impact of the ADHD;
- a history of the accommodations the test taker has received and the consistency and circumstances of their use (e.g., type of test for which accommodations have been most helpful), or an explanation of why accommodations have not been used previously but are needed now; and
- a discussion of the appropriateness of the requested accommodations for the specific ETS test which the test taker is applying to take.

Additional evaluation data for an ADHD update may include achievement measures that substantiate the ongoing impact of the disability on academic performance. Assessment of intellectual functioning/general cognitive ability is necessary only if the existing documentation does not contain sufficient information about the disability-related functional limitations as they apply to the current testing situation.

When is a documentation update particularly helpful?

No exact combination of factors ultimately determines whether a more in-depth reevaluation or documentation update would be the most appropriate documentation to submit. The following factors should be considered by test takers and the professionals with whom they work to make this determination:

- the test taker's age at the time of first diagnosis and the consistency of the test taker's functional limitations over time;
- the number of previous evaluations that include appropriate measures;
- the availability of documentation from educational institutions, workplaces or testing agencies confirming the prior use of accommodations;
- the presence of co-occurring or co-morbid disorders that interact or compound the ADHD; and
- the clinician's ability to address the above listed essentials of a documentation update effectively, without additional evaluation (i.e., a statement of why a more in-depth evaluation or "testing" would be redundant or otherwise burdensome).

IV. Conclusion

ETS is committed to providing equal access to our assessments for all test takers. If you have been diagnosed with ADHD and believe you need accommodations for equal access during the standardized testing process, ETS will review the information you provide and will work with you to identify any additional documents that will be helpful to make a timely determination regarding your request for reasonable accommodations. We welcome the opportunity to engage in discussions with test takers who have disabilities to determine reasonable accommodations on a case-by-case basis.



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