

**Duke University**  
**Student Disability Access Office (SDAO)**

**Attention Deficit/Hyperactivity Disorders**  
**Documentation Guidelines**

**Introduction**

Duke University is committed to providing educational opportunities to qualified students with disabilities for purposes of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. In order to establish that an individual is covered under the ADA and/or Rehabilitation Act, he/she must submit full and current documentation confirming that the condition(s) substantially limits one or more major life activities, such as, but not limited to, hearing, seeing, breathing, performing manual tasks, walking, caring for oneself, and/or learning (reading and writing). Substantially limits refers to an individual being unable to perform a major life activity that the average person in the general population can perform or being significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the average person in the general population.

The following guidelines are designed to provide professional diagnosticians with a common understanding and knowledge base of the components of documentation, which are necessary to validate the existence of an Attention Deficit Hyperactivity Disorder, its impact on the individual's educational performance, and the need for accommodation(s) in the post-secondary setting. The information and documentation should be comprehensive in order to avoid or reduce time delays in decision-making related to eligibility and the provision of services. We carefully review documentation, make eligibility decisions and contact the student as quickly as possible; this process generally takes several weeks to complete.

This document presents guidelines in five important areas:

- I. A qualified diagnostician must conduct the evaluation
- II. Currency of Documentation
- III. Important Considerations
  - A) Records of academic history must be provided
  - B) The documentation should build a case for and provide sufficient evidence for the ADHD diagnosis
  - C) Test scores are useful, but alone are not sufficient to establish an ADHD diagnosis
  - D) Alternative diagnosis or explanations must be ruled out
- IV. Documentation must include a specific diagnosis
- V. Each accommodation recommended by the evaluator must include a rationale
- VI. Accountability and Confidentiality

The diagnosis of a disorder/impairment alone does not automatically qualify an individual for an accommodation under the ADA.

The clinical documentation of ADHD submitted to the SDAO for the purpose of seeking accommodations is expected to meet the standards set forth in these guidelines. Documentation should validate the need for accommodations based on the individual's **current** level of functioning and needs to show that the person currently meets the ADA's definition of "disabled". A prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified medical/professional authority and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is necessary at this time. Duke University reserves the right to determine if an impairment rises to the level of a disability under the ADA and what constitutes reasonable accommodations according to the documented nature of the disability.

It is the responsibility of the student to obtain his/her documentation and to present a copy to the SDAO. Any correspondence regarding adequacy of the documentation will be sent to the student. It is also the student's responsibility to obtain additional information or testing when a request is made. The final determination of appropriate accommodations rests with the SDAO and is based on a review of the documentation and historical records as outlined below.

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

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive doctoral level training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults with ADHD is necessary. Diagnosticians should include a brief biographical sketch explaining that they possess the necessary training, experience, and credentials for diagnosing ADHD in adults. The report should be on letterhead with the evaluator's name, title and professional credentials clearly stated.

**Note:**

It is not appropriate for professionals to evaluate members of their own families even when the family members are otherwise qualified by virtue of training and licensure/certification.

**II. Currency of Documentation**

The determination of whether an individual is "**substantially limited**" in functioning is based on assessment of the current impact of the impairment at the post-secondary level. Because the provision of **reasonable accommodations** is also based on assessment of the current impact of the individual's disability at the post-secondary level, it is necessary to provide "recent" documentation. Professional declarations should be based on evaluations that are no more than three years old.

### III. Important Considerations

#### A. Records of academic history must be provided

Since ADHD is by definition a childhood onset disorder, the documentation must provide evidence to support a childhood onset of symptoms and associated impairment. Self-report is generally insufficient to substantiate a childhood onset of symptoms/impairment. It is always helpful to provide historical records that validate self-reported impairment such as Individual Education Plans (IEPs), 504 Plans, early psycho-educational testing reports, kindergarten, elementary, middle school and high school report cards, college transcripts, teacher comments, documentation from tutors or learning specialists, disciplinary records, and the like.

#### B. The documentation should build a case for and provide sufficient evidence 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 individual's relevant background including academic, behavioral, family, 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 individual has coped with the problems, and what success the individual has had in their coping efforts. Any past or current treatments for ADHD and the impact of those treatments should be discussed (including medications, accommodations, tutoring, classroom modifications, counseling, etc). Providing narrative documentation from collateral informants who know the individual well (such as parents, spouses, siblings, teachers, professors, supervisors, tutors, coaches, etc.) can also help to illuminate and establish a credible history of significant functional impairment relating to ADHD.

#### C. Test scores and checklist results are useful, but 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. Scores from subtests on the Wechsler Adult Intelligence Scale-III (WAIS-III), Scholastic Achievement Test for Adults (SATA), memory function tests, attention or mental tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. However, test and subtest scores provide useful additional evidence of attentional problems that support the **past and current functional impairments of the individual**. 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 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. Standard scores must be provided for all normed measures.

#### **D. Alternative diagnosis or explanations must be ruled out**

The evaluator must investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual that may result in behaviors mimicking an Attention-Deficit/Hyperactivity Disorder.

#### **IV. Documentation must include a specific diagnosis**

- 1) The report must include a specific subtype diagnosis of ADHD **based on the diagnostic criteria of the *Diagnostic and Statistical Manual - Fourth Edition* (DSM-IV)**. Evaluators should be particularly careful regarding individuals diagnosed with ADHD, predominately inattentive type, since this is often confused with symptoms of poor organization, test anxiety, or memory/ concentration difficulties that are evident only on situational basis. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself neither supports nor negates the ADHD diagnosis or the need for accommodation.
- 2) It must be demonstrated that the individual exhibits a **sufficient number of symptoms (listed in DSM-IV)** 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 individual meets criteria for long-standing history, impairment, and pervasiveness.
- 3) Objective evidence demonstrating that current impairment from the symptoms is present in **two or more settings** must be provided. 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.

#### **V. 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 individual 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 the individual's specific history and current functional impairment that supports their use. The evaluator must describe the type and degree of impact the ADHD has on a specific major life activity and on the individual. The diagnostic report must included specific recommendations for accommodations that flow logically from the history and current functional impairment. A detailed explanation must be provided as to why each accommodation is recommended and must be correlated to specific identified functional limitations.

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

Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators must provide specific rationales and justification for recommended testing accommodations.

**Note:**

Slow processing speed in and of itself is not covered under the ADA **when** it is described as resulting in failure to achieve a desired academic outcome or allowing the individual to work to his/her potential.

**VI. Accountability and Confidentiality**

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

**Note:**

Submission of documentation is not the same as the request for services. In addition to full and current documentation, the student must also submit a completed and signed Request for Consideration for Reasonable Accommodations Form. Please note that the SDAO cannot support any accommodation requests until documentation is complete.

**Important Summary Note:**

**Make sure the following is submitted:**

1. Documentation/records from childhood to help establish a childhood onset of symptoms (previous diagnostic reports, report cards, IEPs, teacher comments, etc.).
2. Documentation that supports functional impairment in activities beyond academics, including test taking.
3. Documentation of current and past functional impairment beyond self-report.

**Questions**

Questions about these guidelines should be directed to Dr. Emma Swain, Director of the Student Disability Access Office, at (919) 668-1267, [eswain@duke.edu](mailto:eswain@duke.edu), or mailed to Box 90142, Duke University, Durham, NC 27708.

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