



Larkin School of Nursing ADHD Documentation Guidelines

Attention Disorders

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed equal access to academic programs and university services. In order to request an accommodation as the result of an attention disorder, a student must provide the school with documentation indicating that the disability substantially limits some major life activity, specifically learning. The following documentation guidelines are provided in the interest of assuring that documentation for ADHD is appropriate to verify eligibility. There are three components to submitting documentation on the basis of attention disorders: Qualified professional, Current, and Comprehensive. See descriptions below for a detailed explanation of each component. This information is intended to provide the minimum standards for submitting documentation to the Office of Student Services. These guidelines assist the office in determining reasonable accommodations for individuals with attention disabilities and to establish the impact of ADHD on a student's academic performance. Information and documentation submitted by students to verify accommodation eligibility must be comprehensive in order to avoid unnecessary delays in decision making related to the provision of accommodations.

Qualified Evaluator Requirements

Professionals conducting assessments and rendering physical diagnoses must be qualified in the specific area for which they are making recommendations. A qualified professional must have (1) comprehensive training and relevant expertise in the specialty and (2) appropriate licensure/certification. Professionals such as physicians, surgeons, optometrists, audiologists, occupational and physical therapists, neurologists, and other health and learning specialists, must provide documentation within their areas of expertise. Professionals should utilize the most recent evaluation tools available in the profession. Professionals who render a diagnosis outside of their area of expertise will not be considered in support of an accommodation. Comprehensive documentation may include reports from several professionals or a team. Evaluations and diagnoses from family members, even when the family member is a qualified professional, will not be accepted for professional and ethical reasons.

All documentation must include the name, title, and credential of the professional completing the report or evaluation. The report must be in English, typed, and on professional letterhead. The documentation should include current contact information for the professional. All reports/evaluations must be signed by the professional and include information about the license or certification of the professional, area of specialization, employment, and the state in which the individual practices.



Currency of Documentation

Documentation submitted must have been completed within the:

- past three years for learning disabilities
- past six months for medical disabilities

Reasonable accommodations are determined based on the current functioning of the individual. This cannot be determined without recent documentation. All instruments used by an examiner must be the most recent version at the time of testing to be considered current. Discretion by the Dean may be used in accepting documentation for some permanent conditions. In cases where the disability is long-term, comprehensive documentation may be submitted that is older but a recent evaluation update by the treating professional is required. For example, the diagnosis of Tourette's syndrome may have occurred in childhood. In this case, documentation should be submitted from the initial diagnosis as well as a report from a qualified professional documenting the current symptoms, levels of functioning, treatment, and medications. The update should address the current levels of functioning and all components listed under comprehensive documentation for specific disability. Moreover, reports and/or evaluations should specifically address limitations or impairments related to the academic environment. Reasonable accommodations are based on the current impact of the disability and not the potential impact of the disability or the possibility of experiencing symptoms related to a disability, medication, or treatment. It is imperative that professionals be detailed and explicit when describing the current functioning of the individual.

Comprehensive Diagnostic Evaluation Requirements

Documentation must be based on a comprehensive diagnostic/clinical evaluation that includes each of the following components:

1. History of the disability, psychological assessment, and diagnostic interview:

- History of learning difficulties
- Duration and severity of the disability
- Developmental, historical, and familial background information
- Relevant medical and medication history (if relevant)
- A list of the assessment procedures and evaluation instruments used to make the diagnosis along with a psychological report of the results. Standard scores should be included in the report or attached. See below for assessment instruments.



2. Assessment In Each of The Following Domains

Aptitude or Intelligence Assessment

A complete assessment with all subtests, standard scores and percentiles is required. Assessment must be based on a comprehensive battery that does not rely on any one test or subtest. The Wechsler Adult Intelligence Scale-Revised (WAIS-IV) is the preferred instrument. The professional judgment of the evaluator in choosing tests is important, therefore, other acceptable instruments are:

- Kaufman Adolescent & Adult Intelligence
- Stanford-Binet Intelligence 5th Edition (SB-V)

Achievement

- A comprehensive academic achievement battery is required with all subtests, standard scores and percentiles. Acceptable measures include:
- Woodcock-Johnson III: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (Task)

As a supplement, other specific achievement measures may be useful when interpreted along with other diagnostic information:

- Nelson-Denny Reading Test
- Test of Written Language-3 (TOWL-3)
- Stanford Diagnostic Mathematics Test
- Woodcock Reading Mastery Test-Revised

Information Processing

- All relevant areas of information processing should be assessed:
- Short and long-term memory
- Auditory and visual processing
- Processing speed
- Executive functioning
- Motor Ability

Acceptable measures for information processing include, but are not limited to:

- Woodcock-Johnson III: Tests of Cognitive Ability
- Detroit Tests of Learning Aptitude-3
- Wechsler Memory Scales-IV (WMS-IV)



Measure of Attention

A measure of attention must be provided to support the diagnosis of ADHD. Acceptable measures of attention include standardized measures. All survey measures must include ratings from 3 individuals.

Acceptable measures include:

- Tests of Variable attention
- Continuous Performance Test II Version 5 (CPT-II 5)
- BRIEF
- BASC-2
- Brown ADD scales

Standard scores and/or percentiles must be provided for all normed measures. Grade equivalents must be accompanied with standard scores and/or percentiles. The data must logically reflect substantial limitation as to learning for which the candidate is requesting the accommodation. The profile of the candidate's strengths and weaknesses must be shown to relate to functional limitations that may necessitate reasonable accommodations. The tests used must be reliable, valid, and standardized for use with an adolescent/adult population. The test findings must document both the nature and severity of the learning disabilities. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

3. DSM-IV Multi-Axial Diagnosis and GAF

The report must include a specific diagnosis based on the DSM-IV-TR or ICD-10 diagnostic criteria and include the specific diagnostic section in the report with a numerical and nominal diagnosis from DSM-IV-TR or ICD-10. Evaluators are encouraged to cite the specific objective measures used to substantiate the diagnosis. The evaluator should be explicit and detailed when describing the diagnosis of a psychological disorder. Description of current functional limitations caused by the disorder as they pertain to the academic environment: A description of current functional limitations in the academic settings.

4. Description of current functional limitations caused by the disorder as they pertain to the academic environment:

A description of current functional limitations in different settings with the understanding that a disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance).

5. Information regarding current or previous accommodations

Information regarding accommodations received on standardized testing or within the high school classroom or other educational setting. The evaluator must also investigate and rule out



the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in functioning similar to that of a learning disability.

6. Specific accommodations being requested along with accompanying rationale.

The evaluator must describe the degree of impact of the diagnosed learning disability on a specific major life activity such as learning, as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual within the academic environment. A diagnosis in and of itself does not automatically warrant an accommodation. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations. Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators must provide specific rationales and justifications for the accommodation. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. Psychoeducational, neuropsychological or behavioral assessments are often necessary to support the need for testing accommodations based on the potential for psychiatric disorders to interfere with cognitive performance.

7. Accommodations can NOT be provided until documentation is complete.

Accommodations that result in a fundamental or substantial alteration of the nature of the educational program are not reasonable as a matter of law and will, therefore, not be granted.

Contact Information

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