



## **Documentation Requirements for Attention-Deficit/Hyperactivity Disorder (AD/HD)**

Proper documentation of a student's AD/HD is the cornerstone of fully understanding how your student learns best, the challenges he or she faces, and how Notre Dame San Jose can best meet the needs of your student. Please read the following documentation criteria carefully as you prepare your student's materials.

**I) Testing must be current.** In most cases, a diagnostic evaluation must have been completed within the last three years. Flexibility in accepting documentation more than three years old may be important under certain conditions if the previous assessment is applicable to the current/anticipated setting. However, if documentation is inadequate in scope, does not address current level of function and functional limitations, and need for accommodations, or there has been a change in medication, re-evaluation may be required.

**II) A qualified professional must conduct the evaluation.** Psychologists, neuropsychologists, psychiatrists, developmental pediatricians, and other relevantly trained medical doctors are considered qualified to evaluate and diagnose AD/HD provided they have comprehensive training in providing a differential diagnosis

**III) A diagnostic interview is required as part of the provided documentation.** The following must be included to substantiate a comprehensive report.: statement of presenting problem, history of presenting attentional problems, developmental history, family history of AD/HD, relevant medical and medication history, relevant psychosocial history, a thorough academic history, relevant history of prior therapy, and a description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention.

**IV) The documentation must address evidence of early impairment.** Because AD/HD is, by definition in the *DSM V*, first exhibited in childhood and manifests itself in more than one setting, a clinical summary of the student's presenting additional symptoms, including evidence of symptoms first exhibited in childhood and the ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings (e.g. home, school) must be included. Evidence of a history of additional symptoms that has significantly impaired the individual over time should be substantiated through such evidence as teacher comments, report cards, classroom observations, previous testing, etc.

### **V) Documentation Necessary to Substantiate AD/HD**

A. Rating Scales (selected examples are listed below):

- Connors Teacher/Parent/Self -Report Rating Scales (Connors 3)
- Beck Anxiety Inventory
- Brown Attention Activation Scale
- Wender Utah Rating Scale
- SNAP-IV
- Hamilton's Depression Scale

B. Psychoeducational Testing: Although no single test or subtest should be used

as the sole basis for diagnostic decision, cognitive and achievement profiles may suggest attention or information processing deficits. Acceptable tests include, but are not limited to:

Aptitude/Cognitive abilities Tests

- Wechsler Adult Intelligence Scale—Revised (WAIS IV)/Wechsler Intelligence Scale for Children IV (WISC IV)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (5<sup>th</sup> ed.)

Academic Achievement Test

- Wechsler Individual Achievement Test (WIAT II)
- Woodcock-Johnson III (WJ III): Tests of Achievement
- Stanford Test of Academic Skills

Supplemental Tests as Indicated to Verify Discrepancies in Areas of Cognitive Abilities or Achievement

C. Medical Evaluation: Some medical disorders may cause symptomology similar to AD/HD. It may be important to rule out the following: seizure disorder, neuroendocrine, and other neurological disorders. Also, the impact of medication tried should be discussed.

D. Supplemental Testing: Supplemental standardized tests of attention and executive functions are likely to assist in diagnosis. Examples include selected subtests of the NEPSY-II Tests of Variable Attention (TOVA), Connors Continuous Performance Test, 2<sup>nd</sup> Edition (CPT II), Wisconsin Card Sort Test, Stroop Test, and/or components of the Halstead-Reitan Neuropsychological Test Battery.

*Special Note: Test scores/subtest scores alone should not be used as a sole measure for the diagnostic decision regarding AD/HD. Selected subtest score or aptitude tests, memory functions tests attention or tracking tests, or continuous performance tests do not, in and of themselves, establish the presence or absence of AD/HD. Checklists can serve to supplement the diagnostic profile, but do not substitute for clinical observations and diagnostic judgment (Educational Testing Services, 2000).*

**VI) Documentation must contain a specific diagnosis.** The specific type of AD/HD a student has in accordance with *DSM-V* must be included in the testing report (AD/HD Combined Types, AD/HD Predominately Inattentive Type, or AD/HD Predominately Hyperactive/Impulsive Type). The diagnostician is encouraged to use direct language in the diagnosis and documentation of AD/HD.