**DISABILITY VERIFICATION OF ATTENTION DEFICIT/
HYPERACTIVITY DISORDERS (ADHD)**

**Qualifications of the Evaluator**

The name, title, and license/certification credentials of the evaluator should be stated in the report.  The following professionals are considered qualified to evaluate ADD/ADHD: physician, psychiatrist, clinical psychiatrists, neurologist, or neuropsychologist who have expertise in evaluating the impact of ADD/ADHD on an individual's *educational* performance.  A diagnosis of ADD/ADHD by someone whose training is not in these fields is not acceptable.  All reports should be on official letterhead, dated, and signed.

**Current Documentation**

Evaluation should be no more than three years old and must provide a clear statement of the presenting problem.  Changes may have occurred in the student's performance since a previous diagnosis, or new medication may have been prescribed or discontinued since the initial diagnosis was made.  Documentation should substantiate the need for services based on the student's *current* functioning and must define the level of functioning and any limitations supported by evaluation data.

**Identification of ADHD**

A comprehensive evaluation should include a clinical interview, assessment of attention difficulties, and a diagnosis of ADD or ADHD using DSM-IV criteria.   **A school plan such as an IEP or a 504 Accommodation Plan is insufficient documentation, but may be included as part of a more comprehensive report.**

Clinical Interview - Because ADHD is, by definition, first exhibited in childhood and manifests itself in more than one setting, relevant historical information is essential. The student's academic history should be included.  Medical, developmental, and social histories should be investigated and reported, along with any family history of educational, medical, or psychosocial difficulties.  A description of the individual's presenting attention symptoms should be provided, as well as any history of such symptoms.  A family history of ADHD and the student's medication history also are important.

**High school IEP, 504 Plans, and/or a letter from a physician or other professional will not be sufficient to document ADD or ADHD.  Medication cannot be used to imply a diagnosis.**

Assessment of Attention Difficulties

The evaluator should include any assessment data that supports or refutes a diagnosis of ADHD.  Assessments such as checklists and rating scales are very important, but checklists, surveys, or subtest scores should not be used as the SOLE criterion for a diagnosis of ADHD.

The evaluator should investigate the possibility of dual diagnoses and/or co-existing medical and/or psychological disorders that result in behaviors that mimic ADHD.  Medical, social, and psychiatric problems should be ruled out as causes of ADHD.

Diagnosis of ADD/ADHD Using DSM-IV Criteria - Individuals who exhibit general problems with organization, test anxiety, memory, and concentration do not fit the diagnostic criteria for ADHD.  Likewise, a positive response to medication by itself does not confirm a diagnosis of ADHD. The diagnostician should use direct language in the diagnosis of ADHD, avoiding the use of terms such as "suggests", "is indicative of ", or "attention problems".  **A SPECIFIC statement that the student is diagnosed with *ADD* or *ADHD* and the accompanying DSM-IV criteria are required for** **services and accommodations**. Also, the evaluator **must describe the substantial limitation(s) to academic learning** presented by the attention disorder.  If the data indicate that ADHD is not present, the evaluator should state that finding in the report.  Additionally, any alternative explanations or diagnoses must be ruled out.

Diagnosis must be clearly supported (with data provided) using relevant test data with standard scores to support conclusions, including at least:

* WAIS-R
* Woodcock-Johnson Psychoeducational Battery-Revised, including Written Language
* Behavioral Assessment Instruments for ADD/ADHD, normed on adults

**Recommendations for Accommodations**

The diagnostic report should include specific recommendations for academic accommodations; and the rationale for such recommendations.  If accommodations are not identified specifically in the diagnostic report, KWC’s Office of Disability Services must request this information before services can be provided.  A history of accommodations in itself does not warrant the provision of similar accommodations at Kentucky Wesleyan College.  The final determination of appropriate and reasonable accommodation rests with KWC’s Office of Disability Services.

A summary of diagnostic findings is a component of the report.  The summary might include an indication of how patterns of inattentiveness and/or hyperactivity validate the presence of ADHD, and the elimination of alternative explanations for academic problems (such as poor study habits, lack of motivation, psychosocial or medical problems).