

# **GUIDELINES FOR DOCUMENTATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

The following are Baker College's Guidelines for diagnosing ADHD and a verification form for mental health professionals to fill out to confirm both the diagnosis of ADHD and its impact on the academic functioning of the student. The guidelines are not unique since they follow the generally accepted criteria for diagnosing ADHD. What is unique about the College's guidelines is that students are now being asked for more information concerning their diagnoses. The need for this additional information is related to the College's service provider's concern that students get the appropriate academic accommodations they need in order to be successful. In the past, most letters of documentation that students presented to the Special Needs/Disability Services Coordinator contained only a statement that the student had ADHD. Such documentation left both the student and the coordinator at a loss for what were reasonable and appropriate accommodations.

Baker College is required by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act to provide effective auxiliary aids and services for qualified students with documented disabilities, if such accommodations are needed to provide equitable access to the College's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that ADHD in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit one or more major life activities."

Given the increasing numbers of students with ADHD it has become too difficult for the Special Needs/Disability Services Coordinator to advocate on a student's behalf with the minimal information provided to us in the past. ADHD is a very heterogeneous disorder, that is, no two people who have ADHD are the same. Their needs, strengths, and weaknesses are different. What may work for one individual may not be appropriate for another. By requesting more information from the professionals who diagnose and treat ADHD, we hope that the College will be better suited to serve the needs of students.

The guidelines for diagnosing ADHD and the accompanying verification form are designed to allow us to achieve these goals. The official College policy regarding what constitutes ADHD follows the psychiatric nomenclature as laid out in the current version of the Diagnostic and Statistical Manual (DSM-IV). Students who wish to receive academic adjustments due to ADHD need to have this form filled out by a qualified professional, a practitioner who has been trained in the assessment of ADHD and is experienced in assessing the needs of adult learners. Recommended practitioners include licensed medical professionals with training in diagnosing ADHD and licensed mental health professionals including psychiatrists, pediatricians, internists, neurologists, psychologists, certified social workers (CSW or ACSW), and professional counselors. The professional who fills out this form must have first-hand knowledge of the student's condition, must have experience diagnosing and treating college students, and must be an impartial professional who is not related to the student.

These guidelines will not be used to exclude a student who is already diagnosed from receiving services through the Counseling Department, assuming that the documentation

provided by the student shows that the diagnosis was made in accordance with the DSM-IV. However, the Counseling office reserves the right to not accept documentation when it is dissatisfied with the quality or the age (four years or older) of the presenting documentation.

### **GUIDELINES FOR DOCUMENTATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

- 1.** A clear statement of ADD or ADHD with the DSM-IV diagnosis (including which DSM-IV criteria were met) any alternative diagnoses or explanations should be ruled out.
- 2.** Documentation for eligibility must be current. (The age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's specific request for accommodations.)
- 3.** A summary of the student's self report of past history (to demonstrate childhood onset and rule out other causes for the difficulties), past treatment and/or remediation history, and the chronic and pervasive nature of the condition as manifested in multiple settings.
- 4.** A conclusive summary that presents the sound rationale for the diagnosis based on the information presented, information gathered and tests administered.
- 5.** A statement of the functional impact or limitations of the disorder or disability on learning or other major life activity and the degree to which it impacts the individual.
- 6.** Medical information relating to the student's needs must include the impact of medication on the student's ability to meet the demands of the postsecondary environment.
- 7.** Recommendations of strategies and accommodations that would be appropriate for the student based on the information gathered, testing results, and observations of performance.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. The Special Needs/Disability Services Coordinator will determine appropriate accommodations.

**VERIFICATION FORM FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

**Student Information** (This section is to be completed by the student.)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

UIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

**Certifying Professional** (This section is to be filled out by the verifying professional.)

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License/Certification number and state of licensure \_\_\_\_\_

Years of experience working with college students \_\_\_\_\_

Date of initial contact with student \_\_\_\_\_

Date of last contact with student \_\_\_\_\_

**DSM IV** diagnosis:

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Indicate present symptoms that meet the criteria of ADHD

**Inattention**

- \_\_\_\_\_ Fails to give attention to detail; careless mistakes
- \_\_\_\_\_ Difficulty sustaining attention
- \_\_\_\_\_ Does not listen when spoken to directly
- \_\_\_\_\_ Does not follow through on projects and homework
- \_\_\_\_\_ Difficulty organizing tasks and activities
- \_\_\_\_\_ Avoids or dislikes tasks requiring sustained mental effort
- \_\_\_\_\_ Loses things
- \_\_\_\_\_ Distracted by extraneous stimuli

\_\_\_\_\_ Forgetful in daily activities

**Hyperactivity**

- \_\_\_\_\_ Fidgets with hands and feet
- \_\_\_\_\_ Difficulty remaining seated
- \_\_\_\_\_ Engages in excessive activity
- \_\_\_\_\_ Often speaks loudly or excessively
- \_\_\_\_\_ "On the go" as "driven by a motor"

**Impulsivity**

- \_\_\_\_\_ Often blurts out answers
- \_\_\_\_\_ Difficulty waiting turn
- \_\_\_\_\_ Interrupts or intrudes

Basis on which Axis I and Axis II diagnoses were made: \_\_\_\_\_

---

---

---

---

---

---

---

---

If psychological tests were used, please include all tests and scores used to support the diagnosis:

---

---

---

---

Current medications including dosage and side effects that the student has or is experiencing:

---

---

---

---

---

Long term medication treatment plan: \_\_\_\_\_

---

---

---

Current compliance with medication treatment plan: \_\_\_\_\_

---

---

---

---

Prognosis for medication plan (Include likelihood of improvement or further deterioration and within what approximate time frame.): \_\_\_\_\_

---

---

---

Other planned therapeutic interventions: \_\_\_\_\_

---

---

---

Current compliance with therapeutic interventions \_\_\_\_\_

---

---

---

Indicate additional diagnosis (e.g., depression, bipolar, anxiety, learning disabilities) \_\_\_\_\_

**IMPLICATIONS FOR EDUCATIONAL SUCCESS**

Learning abilities specific to the post secondary environment that are impaired by the ADHD (e.g., difficulty with concentration, slow processing speed, etc.) and any objective evidence to support the degree of impairment \_\_\_\_\_

---

---

---

Limitations this student will encounter in taking exams and participating in other classroom activities, which are caused by his/her ADHD or the medications that he/she is taking. Please be specific as to exact nature of the limitations and how severe they are.

---

---

---

Suggested accommodations - Final determination of appropriate accommodations will be determined by the Special Needs/Disability Coordinator in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court ruling and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

\_\_\_\_\_ **EXTENSION OF TIME TO COMPLETE EXAMS:**  
**WHY** \_\_\_\_\_

\_\_\_\_\_ **A QUIETER ROOM IN WHICH TO TAKE EXAMS**  
**WHY** \_\_\_\_\_

\_\_\_\_\_ **OTHERS (PLEASE SPECIFY):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding the nature of the information we are requesting for students with ADHD please contact the Special Needs/Disability Services Coordinator at the campus the student is attending.

This document may not be released without written permission from the student or by order of a court. It will be destroyed five years after graduation or the last date of attendance at Baker College. The student will have access to this document. However, you may specify that this access be given only when there is a professionally qualified staff person who is available to explain the meaning of the document. Thank you.