

Guidelines for Documentation of Attention Deficit/Hyperactivity (AD/HD) Disorder

Disability Services (DS) facilitates equal access for students with disabilities by coordinating accommodations and support services and cultivating a campus culture that is sensitive and responsive to the needs of students. The following Guidelines are provided to assist students who intend to request accommodations or services on the basis of AD/HD. Students are encouraged to carefully read these Guidelines and share them with their evaluators.

Neuropsychological or psychoeducational assessments are needed to determine the current impact of AD/HD on the student's academic functioning. Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic under-achievement or failure, low self-esteem, chronic tardiness or in-attendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment which substantially limits a major life activity. For additional information, students should consult *A Student's Guide to Psychoeducational Evaluations*, which is available by contacting DS. DS staff is available to provide consultation throughout the evaluation and registration process.

Students without a clinical diagnosis of AD/HD who suspect that they are experiencing symptoms of AD/HD should first see a clinician for a formal screening before seeking a full evaluation. Students on the Morningside campus who have paid the University Health Services Fee can make an appointment for such a screening with Counseling and Psychological Services (CPS) at (212) 854-2878, or at the 8th floor, Lerner Hall. **Students at the CUMC campus** can make an appointment for such a screening with a provider at the Mental Health Service by calling (212) 305-3400. Screenings are individualized and depending on the student's circumstances may involve standardized questionnaires and a review of symptoms, current functioning and past history as well corroborative information from records, family and partners.

1. The evaluation must be current.

- While AD/HD is generally considered to be a lifelong condition, because the provision of all reasonable accommodations and services is based upon the assessment of the current impact of the student's disabilities on his/her academic performance, it is necessary to provide current documentation
- The tests must have been administered within the past five years or if the student is not yet 18 years of age, testing must be administered in the past two years
- Students with outdated (5+ years) or less comprehensive evaluations that do not meet these Guidelines should submit their evaluation to Disability Services for review and specific feedback regarding how to proceed. In some cases students may be able to obtain a documentation update in lieu of an updated full evaluation and/or provisional accommodations from Disability Services while seeking the evaluation.

2. A comprehensive evaluation report must include:

- Confirmation that the evaluation was undertaken by a qualified evaluator who is unrelated to the student by birth or marriage. Qualified evaluators include clinical or educational psychologists, neuropsychologists, or physicians known to specialize in AD/HD.
- Evaluator's professional credentials, including licensing and certification and areas of specialization
- Dates of testing

- Results based on the administration of the most recent addition of each assessment instrument
 - An appendix listing all scores obtained during the course of the evaluation, including scaled and percentile scores, even if the evaluator has reported scores embedded in the report
 - Comparison to the norm-reference group (e.g. how the student performs in relationship to the average person in the general population)
 - A diagnosis made using the American Psychiatric Association's *Diagnostic and Statistical Manual – V (DSM-5)*. Based on the current predominant features, the appropriate sub-type should accompany the diagnosis. Please also note that a clinical diagnosis of AD/HD or related prescription of medication **does not** necessarily justify the provision of accommodations.
 - Administration of psychiatric, personality and behavioral assessments based on the student's presentation and/or history including but not limited to the *Beck Depression Inventory*, *Beck Anxiety Inventory* and the *MMPI*
3. **Clinical summary and comprehensive history of presenting problems** must be included which:
- Demonstrates that AD/HD currently and substantially limits major life activities
 - Describes the extent to which these limitations impact the student in an academic context, such as courses, programs, services or any other activity at the University for which accommodations are being requested, with or without the use of mitigating measures
 - Describes any record of prior accommodation(s), including any information about specific conditions under which the accommodation(s) were used such as standardized testing, final exams, licensing or certification examinations
 - Includes a comprehensive history of presenting problems associated with the disability as well as information on the student's medical, developmental, educational, and family history as well as the date of diagnosis, duration, and severity of the disability including but not limited to:
 - Clinical summary of objective historical information, establishing symptomology indicative of AD/HD throughout childhood in more than one setting (as per criteria in the American Psychiatric Association's *Diagnostic and Statistical Manual -5 (DSM-V)*), adolescence and adulthood as garnered from transcripts, report cards, teacher comments, tutoring evaluations and past psycho-educational testing as well as third party interviews when available
 - Relevant medication history. Updates should be provided when relevant changes in behavior or medication occur which impact academic performance or cognitive skills.
 - Shares relevant observations of behavior during testing including observations of behavior during the diagnostic evaluation which may help to form a diagnostic impression when combined with the clinician's professional judgment and expertise
 - Recommendations for academic or other accommodations, including a rationale for each, linked to specific test results
4. **The following areas must be addressed using standardized instruments:**

Aptitude/Cognitive Ability: A complete intellectual assessment including all subtests must be included

- The *Wechsler Adult Intelligence Scale IV (WAIS-IV)*, The *Woodcock-Johnson IV (WJ-IV) Tests of Cognitive Ability* and the *Stanford-Binet Intelligence Scale-V* are acceptable measures
- Brief versions or screening measures which are not comprehensive, including the *Kaufman Brief Intelligence Test, Second Edition (KBIT-2)* and the *Slosson Intelligence Test-Revised* are not accepted

Achievement: Comprehensive academic achievement must be assessed through the administration of a complete standard battery in the following areas:

- Reading (decoding and comprehension)
- Mathematics (calculation and problem solving)
- Oral language
- Written expression (spelling, punctuation, capitalization, writing samples)
- Evaluators should further probe student's reported areas of weakness (e.g. written expression) with additional relevant tests, if the standard battery does not sufficiently demonstrate the student's functional limitations
- The *Woodcock-Johnson IV (WJ-IV) Tests of Achievement*, *The Scholastic Abilities Test for Adults (SATA)*, *The Stanford Test of Academic Skills 10 (TASK 10)* and *The Wechsler Individual Achievement Test - III (WIAT-III)* are acceptable measures
- Please note that the *Wide Range Achievement Test 4 (WRAT-4)* and the *Peabody Individual Achievement Test* are NOT comprehensive measures of achievement and therefore should not be the only measure of overall achievement utilized

Cognitive and Information Processing: Specific areas of cognitive and information processing **must** be assessed including, but not limited to, the below domains. Assessment selection should be based on student's presentation:

- **Memory:** Visual and verbal acquisition, retrieval, retention, and recognition
 - Examples of acceptable measures include, but are not limited to *California Verbal Learning Test (CVLT-II)*, *Halstead-Reitan Neuropsychological Test Battery*, *WAIS-IV Working Memory Index (WMI)*, *Wide Range Assessment of Memory and Learning - Second Edition (WRAML-2)*, *Wechsler Memory Scales — Fourth Edition (WMS-IV)*, *WJ-IV Tests of Oral Language (if not assessed through the Achievement Battery)*
- **Processing speed and cognitive fluency:** Timed psychomotor or graphomotor tasks, decision and naming fluency
- **Sensory-perceptual functioning:** High-level visual, auditory, and tactile tasks
 - *The Bender-Gestalt Test* is an example of an acceptable measure
- **Executive functioning:** Planning, organization, prioritization, sequencing, self-monitoring
 - Examples of acceptable measures include, but are not limited to the *Delis-Kaplan Executive Function System (DKEFS)*, *Stroop Color and Word Test*, *Trail Making Test Parts A and B*, *Tower of London DX, Second Edition (TOLDX-2)*, *Wisconsin Card Sorting Test (WCST)*.
- **Motor functioning:** Tests of dexterity and handedness
 - Examples of acceptable measures include, but are not limited to the *Rey-Osterrieth Complex Figure Test (ROCF)* and the *Grooved Pegboard Test*

5. **Objective and Subjective Measures of Attention:**

- Visual and auditory spans of attention, scanning tasks and vigilance assessment, including continuous performance tasks
 - Examples of acceptable measures include, but are not limited to the *Test of Variables of Attention, Version 8 (TOVA8)* and the *Conners Continuous Performance Test 3rd Edition (CPT-3)*
- Self-rated or interview-rated scales for categorizing and quantifying the nature of the impairment
 - Examples of acceptable measures include, but are not limited to *ADHD Rating Scale IV (ADHD-RS)*, *Beck Depression Inventory-II (BAI-II)*, *Brown Attention-Deficit Disorders Scale (Brown ADD Scales)*,

Conners' 3rd Edition (Conners 3), Conners Adult ADHD Rating Scales – Self and Observer forms (CAARS), The Attention Deficit Disorder Evaluation Scale, Fourth Edition (ADDES-4): Home and Self Report versions, and the Wender Utah Rating Scale (WURS), Behavior Rating Inventory of Executive Function (BRIEF)

6. Requirements for requests for a Foreign Language Course Substitution:

- In addition to the above requirements, an evaluation for a student requesting a foreign language course substitution should cover a variety of relevant skill domains and tests related to language acquisition including, but not limited to:
 - Recall of contextual information given orally
 - Recall of rote information given orally
 - Comprehension of directions or contextual information given orally
 - Phonological awareness in English
 - Decoding of real words and pseudowords in English
 - Rapid automatized naming
 - Spelling of real words and pseudowords
 - Verbal fluency
 - Oral expression
- Reading, spelling and editing supplemental tests of the *Wechsler Individual Achievement Test - III (WIAT-III) – Extended Battery* or *The Woodcock-Johnson-IV Tests of Achievement* are required
- Other language-related achievement tests are required, sufficient to establish disability in the language domain (auditory comprehension, writing, reading and speaking):
 - *Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4), Test of Adolescent and Adult Language, Fourth Edition (TOAL-4), Comprehensive Assessment of Spoken Language (CASL), The Comprehensive Receptive and Expressive Vocabulary Test-Third Edition (CREVT-3), Test of Word Reading Efficiency, Second Edition (TOWRE-2), Comprehensive Test of Phonological Processing - Second Edition (CTOPP-2), Nelson Denny Reading Test, SATA, Wechsler Memory Scales – Fourth Edition (WMS-IV), Wide Range Assessment of Memory and Learning-2 (WRAML-2)*
- While the *Modern Language Aptitude Test (MLAT)* may be helpful as a supplemental measure to inform a request for a foreign language course substitution, it should not be the sole measure due to the outdated and biased nature of the norm group

Please note:

- While a student's Individualized Educational Plan (IEP) may be submitted as evidence of past accommodations, it alone is not sufficient documentation. An IEP is the plan that the student's high school team developed to promote the student's academic success.
- The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University
- Disability Services will make the final determination of eligibility for accommodations
- Students with co-existing disabilities should contact DS to determine what additional documentation should be submitted