

Documentation Guidelines For Attention Deficit Hyperactivity Disorder (ADHD, ADD)

To receive accommodations or adjustments (alternative circumstances) for equal access and opportunity in a university setting students must arrange clinical documentation that sufficiently verifies and describes a disability situation. The purpose of documentation is to supply enough information for making effective decisions about the need to allow adjustments or accommodations. There should be adequate information on the following topics. It should be written by a licensed doctor who has been trained to differentially diagnose the range of relevant psychiatric disorders (e.g., a clinical psychologist, neurologist, or psychiatrist). The following informational guidelines should also be met:

1. There is an agency's name, mailing address, phone number, and an ability to verify the author is qualified to diagnosis ADHD (some clinicians provide a resume or vitae).
2. There is sufficient relevant information (i.e., it adequately describes the student's current situation).
3. There is a summary of historical milestones that supports an ADHD diagnosis.
4. Existing symptoms are described to the extent that they justify diagnosis of ADHD.
5. A multi-axial diagnosis is presented using the DSM-IV-TR format.
6. There are descriptions of functional limitations currently caused by ADHD, and especially limitations in relation to what the student must do for college endeavors (endeavors such as listening to lectures, writing notes, reading, taking tests, completing assignments, participating in class, etc).
7. Recommendations are made about the kinds of academic adjustments and/or accommodations that will be necessary to offset the limitations for equal access and opportunity.

Concise statements may be sufficient if they adequately address their respective topics. Please keep in mind that a diagnosis is not equivalent to a disability; a disability is the way a diagnosed condition limits a person's functioning. It's important to describe the limiting influences. Documentation that's primarily paperwork copied directly out of a medical file rarely meets these guidelines (i.e., doesn't discuss limitations in a college setting). Similarly, documentation doesn't meet all the guidelines when it simply recommends how a student should be accommodated (i.e., doesn't adequately describe current clinical factors or explain how they'll limit the student). The idea is that documentation must provide adequate information to allow good decisions about why adjustments or accommodations will be necessary. Thus, the best form of documentation is probably the summary of a recent evaluation with a concise letter written specifically for this purpose.