**Documentation of Attention Deficit Hyperactivity Disorder**

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In order to determine eligibility and to provide services to a Rutgers New Jersey Medical School student, we require documentation of the student's ADHD diagnosis.

Complete documentation assists the New Jersey Medical School and the Rutgers Office of Disability Services staff with:

* establishing a student's eligibility for services
* understanding the impact of a student’s condition(s) in an academic environment
* and determining strategies and reasonable accommodations to facilitate equal access.

Further information on the components of professionally prepared documentation such as: qualified professionals; diagnostic statements; diagnostic methodology; current functioning and current documentation; functional impairment; duration, progression, and stability of a condition; and documentation to support requested reasonable accommodations can be found at the following link:

https://ods.rutgers.edu/students/documentation-guidelines

In addition to the documentation requested in support of the student’s request for accommodations, please attach any other information you think would be relevant to the student's academic adjustment.

The Rutgers New Jersey Medical School and the Office of Disability Services at Rutgers will review all requests for reasonable accommodations on a case-by-case basis and make the determination of whether or not the information submitted for the requested reasonable accommodations are supported. If the documentation submitted does not sufficiently support the need for the requested reasonable accommodation, additional information will be required.

All documentation should be returned directly to:

**Julie Ferguson, Asst. Dean for Student Affairs**

**Rutgers New Jersey Medical School**

**185 S. Orange Ave., MSB B640**

**Newark, NJ 07103**

Alternatively, it may be faxed to: (973) 972-6930.

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Please contact us if you have questions or concerns. Thank you for your assistance.

**Documentation Guidelines for Attention Deficit Hyperactivity Disorder**

**I. CLINICAL INTERVIEW**

Common components of a clinical interview include:

* Evidence of childhood impairment. (e.g., elementary school grade cards, discipline examples, etc.).
* Evidence of current impairment and the impact on education. (e.g., secondary school grade cards, discipline examples, etc.).
* Statements demonstrating the elimination of or ruling out of alternative diagnoses that might otherwise explain the symptoms of the impairment.
* Statements addressing the intensity and frequency of the symptoms.
* Statements articulating the impact of the impairment on one or more major life activities.
* Statements about the use and impact from medications and therapies. (A positive response to prescribed medications and therapies does not confirm a diagnosis nor does the use of medication support or negate the need for academic adjustments).
* Interpretive Summary of all areas covered during the clinical interview.

A comprehensive evaluation will address the challenge of distinguishing a clinically significant impairment from the normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or nonappearance).

**II. IDENTIFICATION OF DSM CRITERION**

Evaluators providing documentation to Rutgers New Jersey Medical School should utilize the definition and diagnostic criteria for ADHD from the current version of the Diagnostic and Statistical Manual of Mental Disorders. A specific diagnosis and corresponding DSM code for an Attention-Deficit Hyperactivity Disorder must be included in the report. 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."

**III. ASSESSMENT INSTRUMENTS**

Several diagnostic instruments are used to provide a foundation of information upon which to base a diagnosis and to identify the student's functional limitations in order to determine reasonable accommodations in a higher educational setting. The information from the other assessment instruments which are used should include:

a. The name of the assessment instrument(s) used

b. The scores obtained (Standard scores, T-scores, percentiles, etc.)

c. The interpretation of the scores.

Other assessment instruments:

In addition to the clinical interview, several other diagnostic instruments are used to provide a broader foundation of information upon which to base a diagnosis and to identify the student's functional limitations and support the need for requested reasonable accommodations. The following information is provided for the purpose of reference for professionals using other assessment instruments. The common functional areas and the frequently used diagnostic instruments for each are:

*Cognitive Functioning:*

Provides a wealth of information on how the student copes with a variety of verbal and visual/spatial tasks. Using one instrument: Wechsler Adult Intelligence Scale, Fourth Addition with subtests (as appropriate); or Woodcock-Johnson Tests of Cognitive Ability, III. Academic Achievement Tests: There is often a typical pattern of performance on achievement tests that can be quite helpful in diagnosing ADHD; ruling out co-morbidity of learning disorders and differentiating between difficulties in concentrating versus simple lack of ability in any one area of achievement.

*Alternating and Divided Attention:*

Provides information about mental flexibility (the ability to shift focus) and the ability to simultaneously attend to multiple demands. Using at least two instruments:Wisconsin Card Sort; Attentional Capacity Test (ACT); Paced Auditory Serial Addition Test (PASAT); Trail Making Tests, Parts A and B; or Kagen Matching Familiar Figure Test (KMFFT).

*Target Focus:*

Provides information about sustained and selective attention over time. Using at least one instrument: Tests of Variable Attention (TOVA); Gordon Diagnostic System (GDS).

*Executive Functioning:*

Provides information about problem solving methods, frustration levels, restlessness, and distractibility. Using at least two instruments: Halstead - Reitan Category Test; Porteus Maze Test; Tower of London (sequencing and planning); Stroop Neurological Screening Test (SNST); Wisconsin Card Sort; Rey-Osterrieth Complex Figure Task; or Letter Cancellation Task.

*Memory Functioning:*

Provides information about long term and short term memory. Using one instrument:Wechsler Memory Scale - III (WMS-III); California Verbal Learning Test (CVLT); or the Verbal and Nonverbal Selective Reminding Tests.

*Self and Other Reports:*

Provides information about functioning from questionnaires. Using two instruments:(one from a significant other [parent or sibling completing the checklists as it pertains to the student] and the other from the student: Wender Utah Rating Scale (WURS); Barkley Self-Rating Symptom Checklist for ADHD Adults; Copeland System Checklist for Adult Attention Deficit Disorders; Connors' Adult ADHD Rating Scales (CAARS); or Brown ADD Scales (Adult).

*Checklists and/or surveys:*

Checklists and/or surveys can serve to supplement the diagnostic profile, but do not substitute for clinical observations and sound diagnostic assessments in determining functional impairment and reasonable accommodations.

**IV. REVIEW AND SUMMARY OF FINDINGS**

1. Test protocol sheets or scores alone are not sufficient. A well-written interpretative summary based on a comprehensive evaluative process is required.
2. The evaluator should investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, physical health, and/or personality disorders, which may confound the diagnosis of AD/HD. This process should include exploration of possible, alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual, which may result in behaviors mimicking ADHD.
3. A discussion of the current functional limitations must be contained within the report including ongoing inattention and/or hyperactive-impulsive behaviors that significantly impair functioning in two or more settings that are a direct result of problems with inattention / hyperactivity / impulsivity.
4. When specifying the symptoms of inattention and/or hyperactivity-impulsivity, the summary should include a review and discussion of the DSM criteria for ADHD. This review should include current and past symptoms; discussions of how these symptoms significantly impair the individual's functioning in a classroom setting or other settings. This information is necessary and useful in determining reasonable accommodations. A diagnosis of ADHD is not enough to indicate functional limitation(s) in an academic setting. The evaluator must include the specific functional limitations of the student being evaluated in order for Rutgers New Jersey Medical School to fully evaluate the necessity of reasonable accommodations.
5. A statement of whether or not the student was evaluated while on medication.
6. Information of prior academic adjustments, auxiliary aids, and/or services when available including information about specific conditions under which they were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not the individual benefited from them.

**V. RECOMMENDATION FOR REASONABLE ACCOMMODATIONS**

1. The rationale for seeking information about a student’s condition is to support Rutgers New Jersey Medical School in establishing disability, understanding how the disability may impact a student, and making informed decisions about reasonable accommodations that facilitate equal access to the institutions courses, programs, facilities and activities.
2. The documentation should include recommendations for reasonable accommodations and services that are realistic and appropriate for a University setting. The recommendations should be logically related to the student's functional limitations and their specific need for the reasonable accommodations requested.