

Documentation Requirements for Attention Deficit Hyperactivity Disorder

Savannah State University's Office of Disability Services is committed to working with students with disabilities to assess their needs and to assist with academic accommodations that may be necessary and appropriate due to their disability.

Services are available to students who:

1. Self-identify to the Office of Disability Services
2. Participate in an intake interview with the Coordinator of Disability Services to determine needs and accommodations
3. Provide appropriate documentation of the disability (see below) that supports the accommodations being requested.

Accommodations are determined on an individual basis, based on the documentation provided and the interview with the student. Accommodations that are considered reasonable and do not fundamentally alter the nature of the program or course may be appropriate.

The SSU Coordinator of Disability Services works closely with the Regents' Center for Learning Disorders at Georgia Southern University in Statesboro to review documentation and assess eligibility for accommodations. All documentation must be reviewed and approved by the Regents' Center for Learning Disorders before accommodations are provided. The RCLD Liaison, Dr. Beverly Sermons, can be contacted at (912) 478 0100 if professionals have questions regarding documentation requirements and appropriate tools for evaluation prior to beginning an assessment of a student.

If your evaluation is not within the last 3 years, you will need to update your evaluation with current information. You can have a private psychologist/physician perform your evaluation, or have an evaluation done by the Regents' Center for Learning Disorders for \$500 or you can request evaluation from the GA Dept of Labor's Division of Vocational Rehabilitation Services. If you are interested in scheduling your assessment at the RCLD or being referred to Vocational Rehabilitation, please contact Amelia Castilian-Moore, Coordinator of Disability Services at (912) 358 3115 or by email at moorea@savannahstate.edu or see our web page at <http://www.savstate.edu/adm/sa/cds.htm>

Definition of Disability

An individual must demonstrate that his/her condition meets the definition of a disability under the *Rehabilitation Act, 1973* and/or the *Americans with Disability Act (ADA), 1990*. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

Substantially limits under ADA refer to significant restrictions as to the *condition, manner or duration* under which an individual can perform a particular major life activity as compared to most people.

Whether a condition is substantially limiting to support an accommodation request is a decision made by qualified professional(s) based upon multiple sources of information.

A clinical diagnosis is not synonymous with a disability. The specific symptoms that are present should be stated in the documentation. Evidence that these symptoms are associated with

substantial impairment in a major life activity is required for provision of accommodations. A detailed description of current substantial limitation in the academic environment is essential to identify appropriate academic accommodations, auxiliary aids, and services.

Specific requests for accommodations need to be linked to the student's current functional limitations, and the rationale for each recommendation clearly stated.

General Documentation Guidelines

Secondary education eligibility reports, Individualized Educational Plans, Summary of Progress reports, or previous provision of special education services may not be sufficient documentation for college-level accommodations.

Documentation should provide a diagnostic statement identifying the disability, describe the diagnostic criteria and methodology used to diagnose the condition, and detail the progression of the condition if its impact on the student's functioning is expected to change over time.

Documentation should provide an adequate representation of the student's current functional abilities. In most situations, documentation should be within three years of the student's application for services. Professional judgment, however, must be used in accepting older documentation of conditions that are permanent or non-varying, or in requiring more recent documentation for conditions for which the functional impact may change over time.

Documentation must include the names, signatures, titles, and license numbers of the appropriate evaluators, as well as the dates of testing and contact information. Evaluators must be licensed professionals whose training and licensure status is consistent with expertise in the disability for which they provide documentation.

Attention-Deficit/Hyperactivity Disorder (AD/HD) Documentation

AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. The manifestations of AD/HD result in functional impairment in at least two settings (e.g., academic, occupational, social). The diagnosis of AD/HD is based on the specific criteria included in the current version of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Diagnosis and corresponding code from the most recent DSM must be included. Assessment of the following diagnostic criteria is required and evaluation results must be included in the documentation:

- Developmental history of either inattention and/or hyperactivity impulsivity

symptoms during childhood. The specific symptoms that were present in childhood should be stated in the documentation. Corroboration of childhood symptoms should be included, and may need to be gathered from a variety of possible data sources (e.g., parent/guardian report, school records, past evaluations). Evidence that these symptoms were associated with some functional impairment in home and/or school settings also must be included.

- Current symptoms of either inattention and/or hyperactivity-impulsivity must be present. The specific symptoms that are present should be stated in the documentation. Self-reported current symptoms should be corroborated by an independent informant who has been able to observe the student's recent functioning with adequate regularity to provide this type of information. Evidence that these symptoms are associated with functional impairment in academic, occupational, and/or social settings also must be included.

- The frequency/severity of both childhood and current AD/HD symptoms should be documented by comparison to individuals at a similar level of development. Documentation must include the results of standardized rating scales that provide comparison to age-based normative data.

Updated 06/09



AD/HD Verification Form

The Office of Disability Services (ODS) at each institution provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Attention-Deficit/Hyperactivity Disorder (AD/HD) is one such disability. In order for a student to be considered eligible to receive academic accommodations, the documentation must also show functional limitations that impact the individual in the academic setting.

The Board of Regents (BOR) for the University System of Georgia (USG) requires current and comprehensive documentation of AD/HD in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

- A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally licensed psychologists or members of a medical specialty.
- B. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.
- C. The healthcare provider should attach any reports which provide additional related information (e.g., psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.

- D. After completing this form, sign it, complete the Healthcare Provider Information section on the last page and return it to the student, who will give it to the Disability Services Provider at her/his institution. The information you provide will not become part of the student's educational records, but it will be kept in the student's file in the ODS, where it will remain confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. If you have questions regarding this form, please call the Regents Center for Learning Disorders at Georgia Southern University at 912-478-0100. Thank you for your assistance.

To review USG BOR policies regarding disabilities, please see the following websites:

- ◆ Students with Disabilities:
<http://www.usg.edu/academics/handbook/section2/2.22/>

- ◆ General Documentation Guidelines:
http://www.usg.edu/academics/handbook/section2/2.22/appendix_dsp2.phtml

- ◆ Specific Documentation Guidelines:
http://www.usg.edu/academics/handbook/section2/2.22/appendix_dsp3.phtml

STUDENT INFORMATION

(Student should complete this section)

(Please print legibly or type)

Name (Last, First, Middle): _____

Date of Birth: _____ Institution: _____

Status (check one): current student transfer student prospective student

Local phone: (____) - ____ - ____ Cell phone: (____) - ____ - ____

Address: _____

(street, city, state and zip code)

E-mail address: _____

DIAGNOSTIC INFORMATION

(To be completed by Healthcare Provider: please print legibly or type)

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. DSM-IV diagnosis:

- ↑ 314.00
- ↑ Predominantly Inattentive
- ↑ Predominantly Hyperactive-Impulsive
- ↑ 314.01 Combined type
- ↑ 314.9 Not otherwise specified

2. State the following:

- a. date of first contact with student: _____
- b. date of diagnosis: _____
- c. date of last contact with student: _____
- d. comorbid conditions/differential diagnosis : _____

3. Student's History

- a. AD/HD History: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/and teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.)

- b. Medical History: Provide relevant medical history. Is the student currently taking medication for AD/HD? Are they experiencing any side effects with this medication?

4. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-IV that the student currently exhibits:

Inattention:

- ↑ often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- ↑ often has difficulty sustaining attention in tasks or play activities
- ↑ often does not seem to listen when spoken to directly
- ↑ often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- ↑ often has difficulty organizing tasks and activities
- ↑ often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
- ↑ Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- ↑ is often easily distracted by extraneous stimuli
- ↑ often forgetful in daily activities

Hyperactivity:

- ↑ often fidgets with hands or feet or squirms in seat

- ↑ often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
- ↑ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- ↑ often has difficulty playing or engaging in leisure activities that are more sedate
- ↑ is often “on the go” or often acts as if “driven by a motor”
- ↑ often talks excessively

Impulsivity:

- ↑ often blurts out answers before questions have been completed
- ↑ often has difficulty awaiting turn
- ↑ often interrupts or intrudes on others (e.g. butts into conversations or games)

5. State the student’s functional limitations based on the AD/HD diagnosis, specifically in a classroom or educational setting.

6. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student’s functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student’s diagnosis).

7. Please document impairment across at least two setting by independent observers other than patient and clinician.

8. Please document retrospective childhood and current adult behavior using rating scales with appropriate norms. (Please attach copies of completed forms.)

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and fill in all other fields completely using PRINT or TYPE)

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number: (____) - ____ - _____

FAX Number: (____) - ____ - _____

