



Required Documentation for Attention Deficit Disorder and/or Attention Deficit/Hyperactivity Disorder

Note: Although the more generic term Attention Deficit Disorder (ADD) is frequently used, the official nomenclature used in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), Attention Deficit/Hyperactivity Disorder (ADHD), will be used in this document.

Note to evaluators: The diagnostic report must document a disability. Disorders found in the DSM-IV are not always disabling conditions. Determining reasonable accommodations based on a disabling condition requires more extensive information than that which may be acceptable for treatment purposes only.

Documentation Requirements

Qualifications of the Diagnostician: Professionals rendering a diagnosis of ADHD must have comprehensive training in differential diagnosis and direct experience working with adolescents and adults with ADHD. The following professionals are considered qualified to evaluate and diagnose ADHD: clinical psychologists (Ph.D.), neuropsychologists, psychiatrists, and other qualified medical doctors.

Criteria for Comprehensive Assessment:

1. **Early Impairment/History:** Because ADHD is, by definition, first exhibited in childhood, historical and academic information must be gathered and presented by the evaluator.
2. **Second Setting:** Likewise, since ADHD is manifested in more than one setting (school, home and social), evidence of impact in settings other than school must be specifically addressed.
3. **Evidence of Current Disabling Condition:** Diagnostic assessment must include evidence (not just self-report) of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired a major life function over time. See "Diagnostic Battery" below.
4. **Alternative Diagnoses and/or Explanations:** Diagnostic assessment should examine the possibility of co-existing diagnoses. This process should explore possible alternative diagnoses including medical and psychiatric disorders as well as educational and cultural factors that impact the individual and may result in behaviors mimicking ADHD.
5. **Diagnostic Battery:** Diagnostic assessment must consist of more than a self-report. Assessment must include standardized measures for inattention, hyperactivity and impulsivity as delineated in the DSM-IV. A combination of assessment measures is required. Examples include: rating scales (self and relevant third party), continuous performance tests (e.g., TOVA, IVA), neuropsychological testing (e.g. WAIS-III), and psychoeducational testing (e.g., Woodcock-Johnson III). A continuous performance test is preferred as one of the measures.

Diagnostic Report & Summary: The diagnostic report must be a comprehensive, interpretive summary synthesizing the evaluator's judgment for the diagnosis of ADHD. The report must include:

- Official letterhead with name, titles, professional credentials, address, and phone/fax numbers of the evaluator as well as the date(s) of testing;
- All quantitative information in standard scores and/or percentiles; all relevant developmental, familial, medical, medication, psychosocial, behavioral and academic information;
- A specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. In clear, direct language, the report must identify the substantial limitation of a major life function presented by the ADHD;
- Specific recommendations for reasonable accommodations. Each recommendation must be based on significant functional limitations and must be supported by the results of the diagnostic assessment. Disability Services will make the final determination of reasonable accommodations.

All documentation is confidential and should be submitted to:

UCM Disability Services
5200 N. Lake Rd., Suite KL 107
Merced, CA 95343
Phone: (209) 228-6996
Fax (209) 228-4661