

ROCHESTER INSTITUTE OF TECHNOLOGY  
DISABILITY SERVICES OFFICE

DOCUMENTATION GUIDELINES

Attention Deficit/Hyperactivity Disorder (ADD / ADHD)

Attention Deficit/Hyperactivity Disorder is considered a medical or clinical diagnosis. Generally, individuals qualified to render a diagnosis for this disorder are practitioners who have been trained in the assessment of ADD/ADHD and are experienced in assessing the needs of adult learners. Recommended practitioners may include developmental pediatricians, neurologists, psychiatrists, licensed clinical or educational psychologists, family physicians or a combination of such professionals. The diagnostician should be impartial and not a family member.

The following guidelines are provided to assist the service provider in collaborating with each student to determine appropriate accommodations. Documentation serves as the foundation that legitimizes a student's request for appropriate accommodations. Recommended documentation includes:

1. A clear statement of ADD/ADHD according to the DSM-IV diagnosis and a description of supporting present symptoms and, if pertinent, past symptoms.
2. A narrative summary which includes:
  - a. Assessment procedures and evaluation instruments, including all test scores, used to make the diagnosis.
  - b. The functional limitations and impairments related to the diagnosis and medical treatment of the condition including medication, which affect the student's current level of functioning in the university environment.
  - c. Suggestions of reasonable accommodations that have been or might be appropriate at the post-secondary level are encouraged. These recommendations should be supported by the diagnosis.
  - d. The evaluator is encouraged to investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, and/or personality disorders which may confound the diagnosis of ADHD. 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 an Attention Deficit/Hyperactivity Disorder.
3. Documentation should be current, preferably within the last three years.

September 2005