UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA

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Attention Deficit Hyperactivity Disorder (ADHD) —Required Documentation

Disability Services will accept current (no more than three years old) diagnoses of attention deficit hyperactivity disorder (ADHD) that are based on age-appropriate (upon entrance to USAO) diagnostic evaluations administered by trained and qualified (i.e., certified or licensed) professionals (e.g., psychiatrists, psychologists, or neuropsychologists).

Note: Reports that are not accompanied by a comprehensive psychoeducational evaluation will need to be updated annually.

The diagnostic report must include:

- 1. Diagnostic interview addressing relevant historical information including: age at initial diagnosis; past and current academic achievement; evidence of behaviors that significantly impair functioning in two or more settings; discussion of medication; history and effectiveness of accommodations in past education settings; and, if no history of accommodations exists, rationale as to why they are essential at this time.
- 2. Procedures used to diagnose the disability (include a list of all instruments used in the assessment).
- 3. Discussion of the testing results and behavior, including the symptoms that meet the criteria diagnosis. If the student was evaluated while on medication, please indicate the effect this may have had on performance.
- 4. DSM-IV diagnosis (include all five axes)
- 5. Diagnostic summary statement that includes the following information:
 - a. Clear statement that ADHD does or does not exist, including a rule-out of alternative explanations for behaviors. Terms such as "appears," "suggests," or "has problems with" in the diagnostic summary statement do not support a conclusive diagnosis.
 - b. Clear statement specifying the substantial limitations to one or more major life activities and the degree of severity. If the limitations are in learning (e.g., reading, mathematics, and written expression), an appropriate psychoeducational evaluation must be administered to document ability/achievement discrepancies.
 - c. Recommendation regarding medications.
 - d. Recommendations for accommodations, including rationale.