

**DOCUMENTATION GUIDELINES FOR ATTENTION DEFICIT  
HYPERACTIVE OR INATTENTIVE TYPE**

- ❑ **Qualified professional making the diagnosis of ADHD/ADD?** *(psychologists, neuropsychologists psychiatrists, other relevantly trained medical doctors, team of professionals including educators, physicians, and counseling professionals)*
- ❑ **Documentation is current?** *(3-5 years for original diagnosis; individual should have record of follow-up appointments with practitioner, especially if medication is being used in the treatment plan)*
- ❑ **Evidence of early impairment?** *(historical information, symptomology indicative of ADHD/ADD throughout childhood – some of the symptoms should have been present prior to age 7, adolescence, and adulthood)*
- ❑ **Evidence of current impairment?** *(description of student's current attentional limitations, evidence of ongoing impulsive/hyperactive or inattentive behaviors)*
- ❑ **Diagnostic data presented?** *(self-report, third-party interviews, neuropsychological or psychoeducational assessments, checklists, surveys – any of the aforementioned, alone, cannot substantiate the diagnosis of ADHD/ADD)*
- ❑ **Alternative diagnoses or explanations discussed/ruled out?** *(other medical and/or psychoeducational, neuropsychological testing has been done to rule out the existence of other diagnoses)*
- ❑ **Review/discussion of DSM-IV criteria?** *(symptoms must have been present in childhood, current symptoms have been present for at least the last 6 months, symptoms are present in 2 or more settings, significant impairment in social, academic, or occupational functioning)*
- ❑ **Specific diagnosis included?** *(terms such as “suggests”, “is indicative of”, “appears that”, or “attention problems” are avoided)*
- ❑ **Summary information?** *(should include ruling out of other disorders as the reason for attentional difficulties, patterns of characteristics that spanned across the lifespan of the individual, was assessment completed with individual on or off medication, indication and discussion of substantial limitation to individual's learning)*
- ❑ **Each accommodation recommended includes a rationale?** *(each accommodation should correlate with a previously stated functional limitation; record of prior accommodations are helpful in assisting with the support and determination of accommodations – again, as long as the request for accommodation is supported by an explanation of current need)*