Queen’s University

Documentation Requirements for Students with Attention-Deficit/Hyperactivity Disorder (ADHD)

The following outlines the specific type and format of documentation that students with Attention-Deficit/Hyperactivity Disorder (ADHD) must submit in support of their request for accommodation. This documentation is essential to advisors as they work with the student in designing an appropriate accommodation plan that is responsive, individualized and equitable.

Information for Students and Parents

- Queen’s University accepts evaluation reports that have been completed, in most cases, not more than three (3) years before coming to Queen’s
- Reports should be completed by qualified professionals with experience in the diagnosis of ADHD as well as in the treatment of adolescents and adults with ADHD
- Reports should include the following information about the professional:
  - Name & Title
  - Professional credentials, including licensing information
  - Area of specialization
  - Employment and the province in which the assessor practices
  - Date of Report and Signature
- An ADHD diagnosis must be stated explicitly and accompanied by clear evidence that the student’s functional limitations impacts on academic performance. This evidence is usually acquired through a thorough clinical interview and psychometric testing
- A diagnosis of ADHD that is successfully managed with medication (or other coping strategies) or is not accompanied by evidence of functional impairment may not warrant academic accommodations.
- Having an Individualized Education Plan (IEP) in high school does not guarantee access to academic accommodations at university
- In accordance with DSM diagnostic criteria, evidence must also be provided regarding how these symptoms have substantially and chronically impaired the individual in more than one major life area.
- Advisors approve recommended accommodations that are supported by a clear rationale and by the data/evidence contained in the report
Information for the Assessor

Criteria in the DSM-IV-TR provide the basic guidelines for diagnosing ADHD. Students must meet all of the criteria including:

1. Sufficient number of persistent and maladaptive symptoms of inattention and/or hyperactivity/impulsivity
2. Evidence to support the onset of symptoms in childhood (should be obtained through objective procedures such as elementary school reports, parent retrospective reports, etc.)
3. Evidence of long-standing history of impairment in one or more major life areas (social, academic or occupational) and that impairment is observed in two or more settings (e.g. home, school, community, etc.).
4. Confirmation that the symptoms are not a function of some other condition (e.g., mood, anxiety or personality disorders, Thyroid disorder) or situational stressor (e.g., relationship, family or financial issues)

Key Points to Consider:

1. A multi-dimensional assessment that draws information from various sources (e.g., client, family, school and employment records, cognitive testing) is essential
2. Diagnoses made solely by using checklists or rating scales are not acceptable
3. Having ADHD does not necessarily mean it is disabling in a post-secondary context
4. Neuropsychological or psycho-educational testing is not used for diagnosing ADHD. However, these assessments are important for determining the severity of ADHD and quantifying the impact of ADHD on cognitive and/or academic functioning
5. Success in an education arena is not by itself a reason to rule out the diagnosis of ADHD
6. All recommended accommodations must be supported by logical and clear rationales, backed up by appropriate data

Reports should including the following information:

- Relevant background information, including family, academic, behavioral, social, vocational, medical, developmental and psychiatric history
- Historical academic and behavioral functioning in elementary and secondary education
- Discussion of how symptoms have chronically impaired the individual in more than one major life area relative to most other individuals.
- Results of tests administered, reported either with standard scores or percentile rank
- Coping strategies the student has employed and their associated success
- Recommended accommodations, supported by clear evidence obtained during assessment
- Past and/or current medications and efficacy
Measures and Tests Used in Assessing ADHD

Since there is no one test or combination of tests for determining ADHD, a multifaceted approach is essential. Tests administered for assessment purposes should be technically accurate, reliable, valid, and standardized on the appropriate norm group. The most recent version of the test should be used, unless otherwise justified.

Preferably, information should be sought from third party sources (e.g., parents, teachers, partners, employers, report cards and transcripts), particularly information and observations about current symptoms or symptoms present during childhood.

The following list is provided as a helpful resource – it is not meant to be definitive or exhaustive.

Clinical Interview

Personal/Family History

- Family history
- Presence of ADHD symptoms since childhood or early adolescence
- Presence of ADHD symptoms in the last six (6) months
- Evidence that symptoms cause a significant impairment over time
- Qualitative information regarding the extent of current functional impairment (e.g., academic occupational, social)
- Results of clinical observation for hyperactive behavior, impulsive speech, distractibility
- Relevant medication history and response to treatment
- An accounting for periods during which the student was symptom-free
- Impact of academic accommodations, if any, on minimizing the impact of functional limitations in former or present academic setting
- Medication approaches and or/compensating strategies and their effectiveness

Medical/Psychological Factors

Medical and/or psychological conditions may cause symptoms resembling associated with ADHD. Therefore, the clinical interview should ask about:

- Results of a neuromedical history
  - Potential presence of other psychiatric conditions
  - Sleep disorders
  - Anxiety disorders
  - Mood disorders
  - Post-traumatic stress disorder
  - Factitious disorder
  - Substance abuse
- Neuroendocrine disorders (e.g., thyroid disorders)
- Neurological disorders
- Impact of medication on attention, if relevant, and under what circumstances

1 Please note that “test anxiety” is not considered an anxiety disorder
- Symptom exaggeration
- Personality traits such as perfectionism or obsessive compulsive personality disorder

**Rating Scales**

Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but are not by themselves sufficient for a diagnosis. Example scales include:

- Achenbach System for Empirically Based Assessment (ASEBA)
- ADD-H Comprehensive Teachers Rating Scale (ACTeRS)
- ADDES-Secondary Age
- ADD Rating Scale – IV
- ADHD Symptom Checklist – 4 (ADHD-SC4)
- Attention-Deficit Disorders Evaluation Scale: Secondary-Age Student (ADDES-S)
- Barkley Adult ADHD Rating Scale IV (BAARS-IV)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI-II)
- Behavior Assessment System for Children-2(BASC-2)
- Behavior Rating Inventory of Executive Functioning (BRIEF - child or adult version)
- Conners’ Rating Scales-3 (Conners 3)
- Conners’ Adult ADHD Rating Scales (CAARS)
- Wender Utah Rating Scale (WURS) and Parent’s Rating Scale (PRS)

**Observational Forms**

Primarily used for children and teenagers in the classroom setting, including:

- ADHD School Observation Code
- ADHD Direct Observation System
- BASC-2 Student Observation System
- CBC/Test Observation Form
- Child Behavior Checklist/Direct Observation Form
- School Hybrid Observation Code for Kids

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2 Please note that scales such as the Brown Attention-Deficit Disorders Scale have been shown to be non-specific and to over-identify non-disabled students as having ADHD. As such, scores from these measures alone are not deemed to reliable as a way to determine if a student is demonstrating symptoms consistent with ADHD.
Neuropsychological and Psycho-Educational Testing

Cognitive and achievement profiles may suggest attention or information-processing deficits.

Tests of Intellectual Functioning

- Kaufman Adolescent and Adult Intelligence Test
- Reynolds Intellectual Assessment Scales (RIAS)
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – IV (WAIS-IV)
- Woodcock-Johnson – III Tests of Cognitive Ability

Attention, Memory and Learning

- Attention Capacity Test (ACT)
- California Verbal Learning Test-Second Edition (CVLT-II)
- Conners’ Continuous Performance Test – 2nd edition (CPT-II)
- Detroit Test of Learning Aptitude – 4(DTLA-4)
- Detroit Test of Learning Aptitude-Adult (DTLA-A)
- Gordon Diagnostic Systems (GDS)
- Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
- Kagan Matching Familiar Figure Test (KMFFT)
- Learning and Memory Battery-College Edition (LAMB-CE)
- Paced Auditory Serial Test (PASAT)
- Test of Everyday Attention for Children (TEA-Ch)
- Tests of Variables of Attention Computer Program (TOVA)
- WAIS-IV Working Memory Index
- Wechsler Memory Scales – III (WMS-III)

Executive Functioning

- Delis-Kaplan Executive Function System
- Stroop Color and Word Test
- Trail Making Test Parts A and B
- Tower of London-2nd Edition
- Wisconsin Card Sorting Test (WCST)

Academic Achievement\(^3\)

- Scholastic Abilities Tests for Adults (SATA)
- Stanford Test for Academic Skills (TASK)
- Wechsler Individual Achievement Test – 3rd Edition (WIAT-III)
- Woodcock-Johnson Psychoeducational Battery-III (Tests of Achievement)

\(^3\) Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 4 (WRAT-4) or the Nelson Denny Reading Test are not comprehensive measures of achievement and should not be used as the sole measure of achievement.
Supplemental Achievement Tests

- Gray Oral Reading Test (GORT 4th Ed.)
- Nelson-Denny Reading Test (using standard scores – mean of 200 – rather than grade-based percentile scores)
- Stanford Diagnostic Mathematics Test
- Test of Written Language – 3 (TOWL-3)
- Woodcock Reading Mastery Tests – Revise