Documentation Guidelines for TCU Students with Disabilities

ADHD

In accordance with the DSM-5, the essential feature of attention-deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development present before the age of 12 manifested in more than one setting. Inattention manifests behaviorally in ADHD as lacking persistence; having difficulty sustaining focus; and being disorganized; and is not due to defiance or lack of comprehension. In adults, Hyperactivity may manifest as extreme restlessness or wearing others out with their activity. Impulsivity refers to hasty actions that occur in the moment without forethought (e.g. interrupting others excessively and or taking a job without adequate information).

• TCU requires documentation to evaluate your request and to determine eligibility for accommodations and/or services.
• Documentation must be presented in a typewritten report on professional letterhead that bears the evaluator’s name, title, license number, professional credentials, and signature. Additionally, the evaluator’s business card should be included.
• Your documentation should be submitted to the Disabilities Services Office.
• Information concerning a student’s disability is treated in a confidential manner in accordance with University policies as well as applicable state and federal laws.
• Documentation shall be reviewed by appropriate University professional(s) to verify the existence of a disability and to determine the need for appropriate accommodations.
• Should accommodations be authorized, they are not retroactive. They take effect upon delivery of accommodation letters to and after conferencing with the student’s professor(s).

Documentation requirements for ADHD include, but are not limited to, the following:

I. A qualified professional must conduct the evaluation.
   o Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychological disorders and direct experience in diagnosis and treatment of adolescents and adults with ADHD is necessary. Professionals who are qualified to
evaluate ADHD include licensed psychiatrists and clinical or educational psychologists. (Note: It is not appropriate for professionals to evaluate family members.)

- The name, title, and professional credentials of the evaluator (including information about license and/or certification) must be included. Additionally, the evaluator’s business card should be attached.

II. Testing must be current.

- Although ADHD is typically viewed as life-long, the severity and functional limitations may change over time. TCU assesses current impact on academic performance to determine the need for reasonable accommodations and services.
- Comprehensive testing should be conducted within the last three years. Evaluations should use instruments normed for adults.

III. Records of academic history should be provided. (Self report alone is not sufficient.)

- A high school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself. However, in addition to a current comprehensive assessment, it can be helpful in determining reasonable accommodations and services. Please include a copy of previous evaluations, IEPs, or 504 plans. If high school accommodations were given informally (no written plan), please ask your high school counselor to provide a letter on the school’s letterhead with his/her original signature, outlining what informal accommodations were provided and the basis for providing those services.
- If accommodations on the ACT or SAT were granted, include a copy of the letter granting the accommodations.

IV. The documentation must substantiate the ADHD diagnosis.

- A complete DSM diagnosis must be provided with an accompanying description of the specific symptoms the student experiences.
- This diagnosis must be based on psycho-educational testing and a comprehensive clinical interview.
- Test scores alone are not sufficient to establish an ADHD diagnosis. Checklists and/or ADHD symptom rating scales can supplement the diagnostic process but do not adequately establish the diagnosis.
- Tests and subtest scores help identify strengths and weaknesses including patterns supportive of attention problems.
- A comprehensive clinical interview which meets mental health service provider standards of care in length (50 min.) and focus (complete developmental, familial, psychological, social, and medical history, and mental status exam) is required.
- Documentation should explain how symptoms have manifested across various settings over time, how the student has coped, and what success the student has had in their coping efforts.
- Discussion of steps taken to rule out other disorders with similar presenting characteristics.
V. Significant functional limitations of the disability must be identified.
   o Based on most current DSM criteria, the documentation must substantiate that the disability significantly limits cognitive or academic functioning.
   o Psycho-educational testing can help determine current levels of ADHD severity and quantify the impact of the disorder.
   o The ADHD diagnosis does not automatically presume a disability. Not all students with ADHD have functional limitations to the level of a significant limitation in learning.
   o The use of ADHD medication does not presume a disability.

VI. Each recommended accommodation must include a rationale.
   o Recommended accommodations must be relevant to a University setting with supporting rationale.
   o Accommodations are not granted on the basis of a diagnostic label.
   o Each requested accommodation must be linked to evidence of current functional impairment that supports its use.
   o Recommendations must be based on both the assessment of aptitude and the measurement of academic achievement (see VII B and C below).
   o A prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations.

VII. The comprehensive report should include the diagnostic interview (at least 50 minutes), assessment of aptitude, and measurement of academic achievement as explained below.

A. Diagnostic interview
   o Relevant historical information regarding the student’s academic history and learning processes in elementary, secondary, and postsecondary education;
   o Observational data, gathered during the evaluation, of behavior such as affect, concentration, mental fatigue, executive functioning, and fluency;
   o Description of psycho-active medication in use at the time of the evaluation, including its effect;
   o Summary of previous testing completed by other clinicians;
   o Restatement of prior diagnosis, including dates and data used to establish diagnosis. (Evidence must be more than a self-report.)
   o Summary of reports such as individual self-report, family report, interviews;
   o Developmental history;
   o Current or relevant medical history;
   o Exclusion of the following as the primary disabling condition: Intellectual disability according to most current DSM standards, Visual impairment, Deafness or hearing impairment, Physical impairment (that interferes with accurate test results), Emotional disorder, Poor educational background or lack of opportunity to learn, and Cultural differences or lack of experience with the English language;
   o Accommodations history;
   o Functional limitations statement; and
   o Recommendation of accommodations relevant to a University setting.
B. **Assessments of Aptitude and Processing:** One comprehensive (full not brief) aptitude test and a minimum of two processing tests (See suggested assessments in Section D below.)

C. **Measurement of Academic Achievement:** A standard score for the basic achievement areas of **reading** (word recognition, vocabulary, comprehension, fluency), **math** (calculation, problem-solving/reasoning, fluency), **written language** (mechanics, composition, fluency) and **Oral Language** (oral expression and listening comprehension) needs to be available. Testing must include **at least two achievement subtest scores** in each specific area. (See suggested assessments in Section D below.)

D. **Suggested assessments of aptitude, processing, and achievement:**

**Aptitude assessments:**
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – IV (WAIS-IV)
- Woodcock-Johnson – IV Tests of Cognitive Abilities

**Rating Scales**
- Attentional Capacity Test (ACT)
- Behavior Assessment System for Children – 2 (BASC-2)
- Brown Attention-Deficit Disorder Scales
- California Verbal Learning Test-Second Edition (CVLT-II)
- Conners’ Continuous Performance Test (CPT) III
- Conners’ Adult ADHD Rating Scales (CAARS)
- Gordon Diagnostic System (GDS)
- Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
- Kagan Matching Familiar Figure Test (KMFFT) Adult Form
- Paced Auditory Serial Addition Test (PASAT)
- Test of Everyday Attention (TEA)
- Tests of Variable Attention (TOVA)
- Wechsler Memory Scales – IV (WMS-IV)
- Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A)
- Delis-Kaplan Executive Function System
- Stroop Color and Word Test
- Trail Making Test Parts A and B
- Tower of London Drexel Edition Wisconsin Card Sorting Test (WCST)
Academic Achievement

- Kaufman Test of Educational Achievement, Third Edition (for students ≤ 25 yrs old)
- Wechsler Individual Achievement Test – III (WIAT-III)
- Woodcock-Johnson IV Tests of Achievement

*Supplemental achievement tests such as:

- Gray Oral Reading Test - V (GORT 5th Ed).
- Nelson-Denny Reading Test (with standard and extended time)
- Stanford Diagnostic Mathematics Test - Fourth Edition
- Test of Written Language – 4 (TOWL – 4)

Woodcock Reading Mastery Tests – Third Edition

*Please note: Specific supplemental 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 a comprehensive measure of achievement and should not be used as the sole measure of achievement.