CLAYTON STATE UNIVERSITY
Disability Resource Center

Documentation Guidelines
Attention-Deficit/Hyperactivity Disorder

Please provide documentation using these guidelines:

☐ Documentation should be on a letterhead, dated and signed by a qualified professional or evaluator, e.g. identifying credentials with license number(s).

☐ The substantial limitation in a major life activity should be described.

☐ Recommendations of appropriate accommodations (e.g. extra time, frequent breaks).

☐ Documentation should reflect data collected within the past three years at the time of request for services.

☐ A diagnosis consistent with the most recent DSM/ICD.

☐ Evidence of the following diagnostic criteria must be included in the documentation:

- Some evidence, beyond simple self-report, of clinically significant inattention and/or hyperactivity-impulsivity symptoms prior to the age of 12 (in accordance with the DSM). Possible data sources for evidence of early symptoms include the following: parent/guardian reports, medical reports, school records, and past evaluations.
- Evidence of current clinically significant symptoms of either inattention and/or hyperactivity-impulsivity must be documented using appropriate standardized rating scales or norm-referenced measures of cognitive/executive functioning that provide comparisons to similarly aged individuals. However, in some cases, a detailed written statement from a qualified evaluator who has sufficient experience with the student and the student's symptom history may be sufficient.
- Some presence must be assessed using student self-report and corroborated by an independent informant who has been able to observe the student's recent functioning.
- Current clinically significant symptoms must be present in at least two settings and interfere with social, academic, or occupational functioning.

☐ Verifiable evidence that symptoms are associated with significant functional impairment in the academic setting. Suggested sources for evidence of academic functional impairment include the results of a comprehensive psycho-educational evaluation, school records, and/or a comprehensive clinical interview that is described in a written statement by the evaluator.