Co-existing Conditions
The diagnostic assessment should examine the possibility of co-existing conditions including medical and psychiatric disorders as well as a possible learning disability. The evaluator should consider and discuss the possibility of alternative disorders that may mimic AD/HD.

Documentation Must Include Evidence of Current Impairment

Statement of Presenting Problem
A history of the individual’s presenting attentional symptoms should be provided, including evidence of ongoing hyperactive-impulsive or inattentive behaviors that significantly impair functioning in an academic setting.

Diagnostic Interview
Information from a structured interview should be thorough and may include:

- Family history
- Educational history
- Developmental history
- Medical history
- Social history
- Review of prior psycho-educational reports
- Description of current functional limitations pertaining to an educational setting
- Relevant history of therapeutic treatment

Documentation Must Include Relevant Testing Information
Psycho-educational assessments are important in determining the current impact of the disorder on the individual’s ability to function in an academic setting. The report must include objective data, which might include, but not be limited to psychological assessments, educational assessments, rating scales, memory function tests, attention or tracking tests, or continuous performance tests. A score report page(s), which presents the tests, subtests, standard scores, and percentiles, should accompany the report.

Current Plan for Treatment and Effects of Medication
Please summarize current plans for treatment including the use of medications. Please indicate whether or not the individual was evaluated while on medication, and whether the use of medications mitigate the impact of the disorder on the individual’s ability to function in an academic setting.

Recommendations for Accommodations
A diagnostic report may include specific recommendations for accommodation(s). A prior history of an accommodation, without a demonstration of a current need, does not in and of itself warrant the provision of similar accommodation. Each accommodation recommended by an evaluator should include a rationale. The evaluation should support the recommendations with specific test results or clinical observations. If an accommodation is not clearly identified in the diagnostic report, (your institution) will seek clarification and, if necessary, more information, and will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided. (Your institution) reserves the right to request reassessment when questions regarding previous assessment or previous service provision arise.
GUIDELINES FOR DOCUMENTATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Note: The Kansas Association of Higher Education and Disability has developed standards for documentation of Attention-Deficit/Hyperactivity Disorder (AD/HD) that can be used by post-secondary institutions to determine appropriate accommodations. It’s important to note that AD/HD is commonly referred to as Attention Deficit Disorder (ADD) and for the purpose of these guidelines, these terms are interchangeable. Each post-secondary institution in Kansas may adapt these guidelines to fit the unique needs of their own institution.

Introduction
Students requesting accommodations or services because of AD/HD are required to submit documentation to determine eligibility in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). A diagnosis of AD/HD does not necessarily qualify a student for academic accommodations under the law. To establish that a student is covered under Section 504 and the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning. For students previously diagnosed who have not continuously received medical and educational support, a comprehensive evaluation may be necessary to determine whether academic accommodations are appropriate.

The following guidelines are provided in the interest of assuring that documentation of AD/HD is complete and supports the request for accommodations. DSS will determine eligibility and appropriate accommodations based on the quality, recency and completeness of the documentation submitted. The following requirements provide students, schools, and professional diagnosticians with a common understanding of the components of documentation that are necessary to validate the existence of AD/HD, the impact on the individual's educational performance, and the need for academic accommodations for the purpose of the ADA and Section 504.

A Qualified Professional Must Conduct the Evaluation
The assessment must be administered by a trained and qualified (i.e., certified and/or licensed) professional, who has had direct experience with adolescents and adults with AD/HD. A qualified professional may include but is not limited to a medical doctor, psychologist, or student clinician who is being supervised by a professional. The evaluator’s name, title and professional credentials and affiliation should be provided. The professional completing the evaluation should not be a family member. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

Documentation Must Be Current
Reasonable accommodations are based on the current impact of the disability on academic performance. In most cases, this means that a diagnostic evaluation should be age appropriate and relevant to the students learning environment, and show the students current level of functioning. If documentation does not address the individual’s current level of functioning, a re-evaluation may be required.

Documentation Must Include a Specific Diagnosis
The report must include a specific diagnosis of AD/HD based on the DSM-IV diagnostic criteria. It is recommended that the clinician report the diagnostic criteria used to support the diagnosis. The diagnostician should use direct language in the diagnosis of AD/HD, avoiding the use of terms such as “suggests,” “is indicative of,” or “attentional problems.”