ATTENTION DEFICIT DISORDER (ADD) AND ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

Documentation should show current impact of the disability on academic functioning. The following guidelines are provided in the interest of assuring that the evaluation and report are appropriate for documenting eligibility and identifying academic adjustments. The report must clearly state the names, titles, professional credentials, addresses, and phone numbers of the evaluators, indicate date(s) of testing, and be on official letterhead, typed, dated, and signed. The documentation should:

1. Be written on letterhead and signed by a professional who has comprehensive training in differential diagnosis and direct experience working with adolescents and adults with ADD/ADHD, which may include: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors;

2. Be current. The provision of all academic adjustments and services is based upon the assessment of the current impact of the disability on academic performance. This means that the diagnostic evaluation should show the current level of functioning and impact of the disability;

3. Be comprehensive. Minimally, areas to be addressed should include:

   a. Evidence of early and current impairment. Diagnostic assessment should consist of more than a self-report. Due to the fact that ADD/ADHD is, by definition in the DSM-IV, first exhibited in childhood and manifests itself in more than one setting, a comprehensive assessment typically includes a clinical summary of objective historical information garnered from sources such as transcripts, report cards, teacher comments, tutoring evaluations, psycho-educational testing, medical history, employment history, family history, and third party interviews, when available;
b. Alternative diagnoses or explanations should be ruled out. Possible alternative diagnoses including medical, psychiatric disorders, and educational, behavioral, substance abuse, or cultural factors affecting the individual that may result in behaviors mimicking ADD/ADHD, should be explored and noted;

c. Testing information must be relevant. Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADD/ADHD. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not, in and of themselves, establish the presence or absence of ADD/ADHD. Checklists and/or surveys can serve to supplement the diagnostic profile, but, in and of themselves, are not adequate for the diagnosis of ADD/ADHD;

4. If applicable, present a specific diagnosis of ADD/ADHD based on the DSM-IV diagnostic criteria. The diagnostician should use direct language in the diagnosis of ADD/ADHD, avoiding the use of such terms as “suggests,” “is indicative of,” or “attention problems”;

5. Provide a comprehensive interpretive summary synthesizing the evaluator’s judgment for the diagnosis. The report should include: all quantitative information in standard scores and/or percentiles; all relevant developmental, familial, medical, medication, psychosocial, behavioral and academic information; and a clear identification of the substantial limitation of a major life function presented by the ADD/ADHD.

Suggestions of academic adjustments with supporting evidence may be included. However, the Director of CDS will make the final determination whether the requested adjustments are appropriate.

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, the presence of any physical, sensory or mental disability, or status as a disabled or Vietnam era veteran in its program and activities or employment.