

UNIVERSITY OF CALIFORNIA

**PRACTICES FOR THE DOCUMENTATION AND ACCOMMODATION OF  
STUDENTS WITH  
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER<sup>1</sup>**

Federal and State law<sup>2</sup> and University of California policies<sup>3</sup> require the University to provide reasonable accommodations in its academic programs to qualified students with disabilities, including students with Attention-Deficit/Hyperactivity Disorder (AD/HD).

**I. DEFINITION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.** The University of California subscribes to the DSM-IV definition of Attention-Deficit/Hyperactivity Disorder and the diagnostic criteria in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV-R)*, published in 2000. *DSM-IV-R* names the disorder, "**Attention-Deficit/ Hyperactivity Disorder**" (AD/HD) and distinguishes between three types:

**Combined Type.** This subtype should be used if six (or more) symptoms of inattention and six (or more) symptoms of hyperactivity-impulsivity have persisted for at least six months.

**Predominantly Inattentive Type.** This subtype should be used if six (or more)

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<sup>1</sup> The syndrome commonly called "attention deficit disorder" has been variously explained and defined. Even its name has changed with different editions of the *Diagnostic and Statistical Manual of Mental Disorders*. To avoid confusion, these Practices use the term "Attention-Deficit/Hyperactivity Disorder" or the initials (AD/HD) to refer to the specific diagnosis which is based on the diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV-R)*.

The purpose of these "Practices" is to describe the standards for documentation and provision of services for students at the University of California with AD/HD to faculty, staff and students with this disorder and their parents. *Guidelines for Students with ADD* were developed in December, 1995 and revised in February, 2001 as the current "Practices for the Documentation and Accommodation for Students with Attention Deficit/Hyperactivity Disorder."

<sup>2</sup> Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 are the pertinent Federal laws; Assembly Bill 746 is the pertinent State law.

<sup>3</sup> University of California Policies Applying to Campus Activities, Organizations, and Students, Section 140.00: Guidelines Applying to Non-discrimination on the Basis of Disability and Government Code sections 11135 and 12926 are the pertinent State law.

symptoms of inattention (but fewer than six symptoms of hyperactivity-impulsivity) have persisted for at least six months.

**Predominantly Hyperactive-Impulsive Type.** This subtype should be used if six (or more) symptoms of hyperactivity-impulsivity (but fewer than six symptoms of inattention) have persisted for at least six months.

**Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder.** According to the *DSM-IV-R*, the following five criteria (A-E) must be met in order for a diagnosis of AD/HD to be made:

A. Either (1) or (2):

(1) six (or more) of the following symptoms of **inattention** have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level.

*Inattention*

- (a) often fails to give close attention to details or makes careless mistakes in school work, work, or other activities
  - (b) often has difficulty sustaining attention in tasks or play activities
  - (c) often does not seem to listen when spoken to directly
  - (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions)
  - (e) often has difficulty organizing tasks and activities
  - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
  - (h) is often easily distracted by extraneous stimuli
  - (i) is often forgetful in daily activities
- (2) six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least six months to the degree that is maladaptive and inconsistent with developmental level.

*Hyperactivity*

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining

seated is expected

- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feeling of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often “on the go” or often acts as if “driven by a motor”
- (f) often talks excessively

*Impulsivity*

- (a) often blurts out answers before questions have been completed
  - (b) often has trouble awaiting turn
  - (c) often interrupts or intrudes on others (e.g., butts into conversations or games)
- B. Some hyperactive-impulsive, or inattentive symptoms that caused impairment were present before age 7 years;
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home);
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning;
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative disorder, or a Personality Disorder).

## **II. DOCUMENTATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.**

Professionals conducting assessments, rendering diagnoses of AD/HD and making recommendations for accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of mental disorders are essential.

The following professionals would generally be considered qualified to evaluate and diagnose AD/HD provided that they have comprehensive training in the differential diagnosis of AD/HD and direct experience with an adolescent and/or adult AD/HD population: licensed doctoral-level clinical, educational, or neuro-psychologists, psychiatrists, or other professional with training and expertise in the diagnosis of mental disorders. Also appropriate may be diagnoses using a clinical team approach consisting

of a variety of educational, medical, and counseling professionals with training in the evaluation of AD/HD in adolescents and adults.

The name, title, and professional credentials of the evaluator – including information about license or certification as well as employment, and state or province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed and otherwise legible.

An assessment for AD/HD must be current. Campus Disability Services professional staff reserve the right to request updated or supplemental documentation on a case-by-case basis, and may consult with other professionals, as appropriate, regarding the adequacy of a student's documentation. An assessment for AD/HD should include the following:

- Interviews and questionnaires which permit the student to describe current concerns and past problems;
- Interviews with significant people in the student's life (for example, parents, spouse, partner, or friends) and/or questionnaires filled out by these people;
- Observations of the student's behavior;
- Complete developmental, educational, and medical histories including specific statements concerning the effects of the student's diagnosed AD/HD in the past and any current functional limitations;
- The exact multi-axial diagnosis (include the five axes), date of diagnosis, and specification of the diagnostic criteria on which the diagnosis was based (for example, *DSM-IV*);
- An evaluation of the effectiveness of past and current medications prescribed for the AD/HD symptoms, an evaluation of the effectiveness of behavioral interventions; and its effect on that student (including that medication used by the student during the assessment process);
- A summary of assessment findings. If the student is found to have a *disabling condition*, the assessment summary must include a description of the current limitation (s) imposed by the disorder.

(Note that tests of intelligence, cognition/ information-processing, and academic achievement, which may not be part of the diagnostic process itself, may be needed by a disabilities specialist to determine appropriate accommodations and services for a student with AD/HD.

It is the responsibility of students who seek accommodations and services from the University of California to provide comprehensive written documentation of their disabilities. With the informed consent of each student, an appropriate and qualified

member of the Disability Services office may contact the professional(s) who made the diagnosis of AD/HD, requesting further information in order to determine the presence of a limitation and/or the most appropriate and reasonable accommodations.

**III. ACCOMMODATIONS AND SERVICES.** University accommodations and support services for a student with AD/HD are designed to minimize the limitation(s) imposed by the student's disabilities, thus providing the student with an equal opportunity to learn, and to demonstrate what he or she has learned, in an academic setting. Academic accommodations will be provided in the most integrated setting possible and be designed to meet disability-related needs without fundamentally altering the nature of the student's instructional programs or any licensing requirements specified by the student's intended profession.

AD/HD may affect the academic performance of students in different ways. For this reason, every student with AD/HD requires individualized determination of appropriate accommodations and services.

It is the responsibility of a Learning Disabilities Specialist, the Program Director, or other staff member designated by the Director to determine appropriate accommodations and services. This determination will be made after interviewing the student and reviewing the information furnished by the diagnosing professional(s). If the University's disabilities specialist does not find appropriate and sufficient evidence on which to base decisions concerning accommodations and services for a student with AD/HD, the student may be referred for additional assessment (e.g. tests of intelligence, cognition/information processing, and academic achievement).

Each campus has procedures for resolving complaints or grievances regarding the provision of academic accommodations and services.

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