
Attention Deficit/Hyperactivity Disorder (AD/HD) Documentation Requirements

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, neuropsychologist).

Individuals with AD/HD show a persistent pattern of inattention and/or hyperactivity-impulsivity interfering with functioning or development, and this should be reflected in the documentation submitted to the OSSD by addressing all of the following:

- Symptoms of inattentiveness and/or impulsivity and hyperactivity should be determined through the administration of an objective measure of attention supporting the diagnosis of AD/HD (e.g., Conners Continuous Performance Test, Gordon Diagnostic System, Intermediate Visual and Auditory Continuous Performance Test, Test of Variables of Attention) and/or self-reports and observer reports (e.g., Conners Adult ADHD Rating Scales, Brown Attention Deficit Disorder Scales, Child Behavior Checklist, Barkley Adult ADHD Rating Scale, Adult ADHD Self-Report Scale).
- Adolescents and adults over the age of 17 must present with at least five symptoms of inattentiveness and/or impulsivity and hyperactivity, as determined by objective measurements of attention and/or rating scales and checklists.
- Several of the AD/HD symptoms must have presented prior to age 12, though the individual may not have been diagnosed with AD/HD until later in life.
- Symptoms of AD/HD must be present in one or more settings, including the educational environment and possibly home, social, work, or other.
- Symptoms of AD/HD must interfere with or reduce the quality of functioning, including academically and possibly socially, occupationally, or other area of functional impairment.
- Symptoms of AD/HD cannot be attributed to or better explained by another diagnosis, including but not limited to learning disability, depressive or bipolar disorder, or anxiety disorder.
- Symptoms of AD/HD and associated functional limitations in the academic environment and possibly other settings should warrant reasonable accommodations, which are presented in terms of a summary and recommendations (i.e., symptom and suggested reasonable accommodation to mitigate symptom).