Ferris State University complies with the Americans with Disabilities Act Amendments Act, 2008, and Section 504 of the Rehabilitation Act of 1973, which states, “No otherwise qualified person with a disability in the United States...shall, solely on the basis of a disability, be denied access to, or the benefits of, or be subjected to discrimination under any program or activity provided by any institution receiving federal financial assistance.”

This Guideline was developed following the best practice recommendations for disability documentation as outlined by the Association on Higher Education and Disability (AHEAD) in May of 2012. It is intended to provide a general understanding of the required information needed to validate that the student has a mental or physical condition (i.e., ADD/ADHD), identify if there are substantial limitations, and which (if any) major life activities are impaired by the condition. Students who are seeking support services from Ferris State University’s Educational Counseling and Disabilities Services office on the basis of a diagnosed disability are generally required to submit documentation to verify they have a learning condition or disability that currently impairs a major life activity(ies)-- including learning, reading, concentrating, thinking, and communicating.

Completion of the Verification of Disability for Academic Accommodations Form by a health care professional/clinician may be sufficient to evidence the condition, related functional limitations, and the physician’s recommendations which would help the student on campus. However, you may be asked to provide additional evidence of your condition, or disability. We reserve the right to request documentation or additional information, including a Written Diagnostic Report (see below, for requirements) and/or Verification of Disability for Academic Accommodations Form.

Students with ADD/ADHD will be required to complete a Student Questionnaire and Student Request for Services form about their accommodation needs, and functional limitations.

Written Diagnostic Report Criteria

A diagnostic report must include an ADD/ADHD diagnosis based on the DSM-IV TR 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." Testing should have been completed within the last three years. Documentation which is older than three years of age may be considered, but may necessitate new testing if the outdated documentation is believed to not reflect current accommodation needs and functional limitations. Conditions which wax and wane, may need to have more recent documentation.

Some key areas to note about documentation expectations at Ferris:

- Assessment scores should be reported in Standard Scores
- A school plan such as an Individualized Education Program (IEP) or a 504 plan may be insufficient documentation, but it may be included as part of a body of evidence regarding a condition or disability.
ADD/ADHD Documentation Guidelines

- Written diagnostic reports must be typed or printed on official letterhead and be signed by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization). The evaluator must be properly credentialed, with appropriate and comprehensive training, with relevant experience.

A Qualified Professional Must Conduct the Evaluation

The following professionals would generally be considered qualified/unqualified to evaluate and diagnose ADHD:

<table>
<thead>
<tr>
<th>Qualified evaluators may include:</th>
<th>Qualified evaluators DO NOT include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuropsychologists</td>
<td>Family members</td>
</tr>
<tr>
<td>Psychologists, Limited License</td>
<td>Graduate students, unless counter-signed by a</td>
</tr>
<tr>
<td>Psychologists</td>
<td>licensed professional</td>
</tr>
<tr>
<td>School Psychologists</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>Speech Therapist</td>
</tr>
<tr>
<td>Other relevantly trained</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>medical doctors</td>
<td>Naturopathic Physician</td>
</tr>
<tr>
<td>Licensed social workers</td>
<td>Optometrist</td>
</tr>
<tr>
<td>Licensed professional counselors</td>
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<tr>
<td>- LPC</td>
<td></td>
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<tr>
<td>Psychiatric nurse practitioners</td>
<td></td>
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</tbody>
</table>

Professionals conducting assessments and rendering diagnoses must have training in differential diagnosis and the full range of disorders, and reports should reflect the following:

- Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD.
- Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment.
- All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.
- Describe the functional limitations resulting from the disability or disabilities on major life activities.

Diagnostic Interview, Recommendations, & Interpretative Summary

The information collected for the summary of the diagnostic interview should consist of more than a self-report, as information from third party sources is critical in the diagnosis of ADHD/ADD. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time.
Diagnostic Interview, Recommendations, & Interpretative Summary (cont.)

- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
- Relevant psychological history and any interventions
- Family history for presence of ADHD/ADD and other educational, learning, physical, or psychological difficulties deemed relevant
- A thorough academic history of elementary, secondary and post-secondary education
- Review of prior psycho-educational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems, if available
- Relevant employment history
- Description of current functional limitations pertaining to major life activities as well as to an education setting that are presumably a direct result of problems with attention; and relevant history of prior therapy, if available
- Any recommended accommodations

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the report documentation. Because ADHD is in many ways a diagnosis based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential professional judgment be utilized in the development of a summary, which must include a demonstration of the evaluator having ruled out alternative explanations.

If the requested accommodations are not clearly identified and supported in the documentation, Ferris State University may seek clarification, and if necessary, more information. FSU will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

All documentation is confidential (to the extent protected by law) and should be submitted to:

Ferris State University / Retention and Student Success / Department Head
Educational Counseling & Disabilities Services
901 S. State Street, Starr 313
Big Rapids, Michigan 49307
Phone (231) 591-3057 Fax (231) 591-3939 (confidential fax)
E-mail: ecds@ferris.edu