

APPENDIX 2: ADDITIONAL DOCUMENTATION FOR ACCOMMODATIONS BASED
ON
ATTENTION DEFICIT/HYPER-ACTIVITY DISORDER (AD/HD)

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. LMU requires documentation from an evaluation conducted by a qualified professional within the past three (3) years and after the applicant's eighteenth (18th) birthday in order to establish the current impact of the disability. The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (or most current version) are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms across the applicant's development and cause the applicant clinically significant impairment within multiple environments. An applicant self-report alone is generally insufficient to establish evidence for the diagnosis.

An applicant warranting an AD/HD diagnosis should meet basic DSM-V criteria including:

- Sufficient numbers of symptoms (delineated in DSM-V) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is “maladaptive” and inconsistent with developmental level. The exact symptoms should be described in detail.
- Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.
- Objective evidence indicating that current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
- A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.).
- Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

Formal Testing:

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of:

- the applicant's relevant background including family, academic, social, vocational, medical, and psychiatric history;
- how AD/HD symptoms have been manifested across various settings over time;
- how the applicant has coped with the problems; and
- what success the applicant has had in coping efforts.

Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.).