

Attention Deficit / Hyperactivity Disorder (AD/HD) Guidelines

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).

BYU–Hawaii has adopted guidelines for documenting AD/HD from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* and from several professional medical organizations (i.e., American Medical Association, American Academy of Pediatrics, American Academy of Family Practice, American Academy of Child and Adolescent Psychiatry).

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 Disability Services 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 (5) 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)