A Guide to Services for Students with

Attention-Deficit Hyperactivity Disorder

ADHD

(Revised 8-17-2018)
Do I Have ADHD?

Attention-Deficit Hyperactivity Disorder is a neurological condition that affects both learning and behavior. It is most commonly diagnosed in the elementary school years because that’s when the hyperactivity and/or distractibility component is most apparent. Not every individual with ADHD exhibits hyperactive behavior. As a result, there are a growing number of adults who were never diagnosed as children but are exhibiting other symptoms of the disorder, and these symptoms can have a marked impact of academic performance.

The essential feature of Attention-Deficit Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.

Usually adults with ADHD will find their difficulties match the characteristics described in one of the categories below.

**Predominantly Hyperactive-Impulsive type** – problems with:
- overactivity
- restlessness
- excessive talking
- interrupting others
- waiting one’s turn
- high risk taking temper control
- frustration
- demanding
- reactivity
- overachieving
- being overly controlling
- burnout
- mood swings
- blaming others

**Predominantly Inattentive type** – problems with:
- attention to details
- distractibility
- sustained effort
- careless mistakes
- focusing
- concentration
- forgetfulness
- task following through
- organization
- procrastination
- repetitious tasks
- daydreaming
- failing to listen when spoken too

**ADHD, Combined type** – problems with:
A number of characteristics from both inattentive type and hyperactive-impulsive type categories

**These guidelines are intended to help students who suspect they have ADHD decide whether diagnostic testing is warranted. Included in this packet are requirements for documentation, a list of professionals, and additional information about the services available to students registered with the Accessibility and Disability Service.**
So Now What?

If you are interested in requesting accommodations through the Accessibility and Disability Service (ADS), you must have documentation that fulfills the criteria set forth on the following page. An appointment should be scheduled with the counselor providing services for those with ADHD. Be prepared to spend at least 45 minutes to an hour in that session during which time your documentation will be reviewed to establish eligibility, and the appropriate accommodations available to address your needs.

The most frequently requested accommodation is extended time on exams. ADS provides these testing support services along with other accommodations such as note taking support, or may recommend your tape recording lectures. In addition some students with Attention-Deficit Hyperactivity Disorders may also be eligible for priority registration in acknowledgment of medication management issues. Information about all of these arrangements will be provided at your initial meeting. Once your Accommodations letter has been filled out, it is placed on file at ADS. You must obtain validated copies for your professors from the ADS office each semester.

Referral for other academic support services available through the University may be discussed with you as well. Assistance may be sought through individual Department resources and programs such as the OMSE, the Office for Multi-Ethnic Student Education. Additional advice and guidelines for success in your chosen career is also available through the Career Center.

If you have any questions please contact ADS at 301.314.7682
Students wishing to explore the possibility of a disability impacting upon their academic performance must pursue comprehensive evaluation to provide adequate documentation. The following is a detailed description of the required assessment components and report content.

VII. Documentation: Each student has the responsibility to secure appropriate documentation and present a copy to the Accessibility and Disability Service Office. ADS adheres to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

- ADHD evaluation must be current and appropriate given the understanding that the impact on learning may change over time.
  - It is in the individual’s best interest to submit evaluations that were completed within the last 5 years of registration with ADS. ADS will review existing documentation to determine eligibility requirements.

- The report of the comprehensive evaluation (Psychoeducational or Neuropsychological evaluation) should reflect the incorporation of a diagnostic interview, assessment of aptitude, academic achievement and information processing, clinical interpretation and diagnoses.

If the documentation acquired does not adequately address the student’s current functional impairment or explain how the condition limits a major life activity(s), additional information may be required.

Individual Education Program (IEP) and Prior Academic Adjustments in Secondary Settings

The transition from secondary schools to post-secondary institutions is quite demanding in that the student’s responsibilities change. Laws related to providing services to students with disabilities are different. An Individualized Education Program (IEP) or a 504 Plan cannot be substituted for adequate documentation to provide a rationale for academic adjustments, auxiliary aids, and/or services in the post-secondary setting.

- ADS will review existing documentation to determine eligibility requirements.

II. Diagnostic Interview

An evaluation report should include the summary of a comprehensive diagnostic interview. ADHD is commonly manifested during childhood, but is not always formally diagnosed. Relevant information regarding the student’s academic history and learning processes in elementary, secondary, and post-secondary education should be investigated. The diagnostic interview may include: a description of the problem(s) being presented; developmental, medical, psychological, and employment histories;
relevant family history (including primary language of the home and the student’s current level of English fluency); and a discussion of other diagnosis where indicated.

III. Diagnostian
The diagnosis of ADHD should be made by a professional such as a clinical psychologist, administering a comprehensive evaluation to determine diagnosis of ADHD and its impacts on learning, as well as other psychiatric disorders which might resemble symptoms of ADHD. In addition, it is important that the diagnostician be able to screen for other coexisting conditions.

IV. Assessment
The assessment, and any resulting diagnoses, should be based on a comprehensive evaluation that does not rely on any one test or subtest. Evidence of a substantial limitation on a major life activity must be provided. The domains to be addressed must include the following:

a. **Aptitude**: A complete intellectual assessment with all subtests and standard scores reported.

b. **Academic achievement**: A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.

c. **Information processing**: Specific areas of information processing (e.g., short and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.

V. Test Scores
Standard scores and percentiles should be provided for all normed measures. The data should logically reflect a substantial limitation to learning for which the student is requesting accommodation. The test findings should document both the nature and severity of the ADHD. The particular profile of the student’s strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests should be reliable, valid, and standardized for the use with an adolescent/adult population.

VI. Specific Diagnosis
It is important to rule out alternative explanations for problems in learning such as emotional, or motivational problems that may be interfering with learning, but do not constitute ADHD. The diagnostician is encouraged to use direct language in the diagnosis and documentation of ADHD, for example DSM terminology. If the data indicates that ADHD is not present, then the evaluator should state that conclusion in the report.

VII. Clinical Summary
A well-written diagnostic summary based on the comprehensive evaluation process is a necessary component of the report. The clinical summary should include:

a. Demonstration of the evaluator’s having ruled out alternative explanations for academic problems.

b. Indication of how patterns in the student’s cognitive ability, achievement, and information processing reflect the presence of ADHD.

c. Assessment of the substantial limitation to learning or other major life activity presented by the ADHD and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
d. A list of recommended accommodations and justification as to why specific accommodations are needed and how they address the academic needs associated with the specific disability.
# ADHD SERVICES

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**ADS**

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**Counseling Service**

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