

# ADHD ASSESSORS' ASSESSMENT DOCUMENTATION CHECKLIST

Students undergoing assessments for the possible presence of ADHD are advised to share this document with the assessing regulated health professional before undergoing an assessment.

ADHD is a permanent disability and should be identified as such in the documentation. A diagnosis of ADHD may include the need for accommodation, strategies, and skill building opportunities to have access to academic studies. Government funding for some services/goods requires documentation to substantiate the need for funding for support of this permanent disability. If the permanence has not been confirmed, documentation should not include a diagnosis of ADHD but should indicate ADHD is being explored and a provisional/working diagnosis is being provided while further investigation is undertaken. While this may limit the accommodations, supports, goods and services that can be made available on partial documentation, this should be indicated if the assessing practitioner cannot confirm ADHD as being permanent in their prepared report. Should the diagnosis be confirmed as permanent later, accommodations, supports, goods and services may be reconsidered and revised as necessary at that time.

It is our expectation that significant care and expertise is necessary for conducting ADHD assessments. This is important in identifying students who may require accommodations and supports while completing academics at the post-secondary level. In addition to completing a Certificate of Disability, the following checklist should be reviewed and addressed in the written report.

In reviewing reports, Accessibility Advisors will check that all items listed below have been considered in the completion of the assessment and preparation of the assessment report.

## Checklist for Reports/Documentation:

- ☐ The date of the assessment is clearly indicated in the report
- ☐ The age of the client at the time of assessment is indicated in the report
- ☐ The format of the assessment is clearly indicated in the report:
  - virtual (screen and audio, audio only)
  - in person
  - telephone
  - combination (specifics are indicated in the report)
- ☐ The report comments on how the referral for and ADHD assessment was made:
  - self-referral
  - referred by general practitioner/other regulated health practitioner
  - referred by school/social agency

**The form(s) of assessment and the how each was administered is clearly outlined in the report:**

- ☐ Interview of client
- ☐ Screening Questionnaire
- ☐ ADHD Questionnaires completed by Student
- ☐ Questionnaires completed by Informant (parent/partner/friend, Teacher)
- ☐ Full psychoeducational assessment (test names/summary of scores must be provided)
- ☐ Full neuropsychological assessment (test names/ summary of scores must be provided)
- ☐ Partial psychoeducational assessment (test names/summary of scores must be provided)
- ☐ If the assessment was conducted virtually, the test materials presented on the screen were presented in the same standardized manner for which the test is designed, or the modifications/alterations are clearly outlined in the report
- ☐ The report clearly indicates whether report cards age 12 and younger were reviewed as part of the assessment
- ☐ The report clearly outlines the student's educational history both before and after age 12 and the sources of how that information was obtained are clearly indicated in the report
- ☐ Indicate in the report the age at which ADHD related challenges began (whether diagnosed then or not)
- ☐ As a diagnosis of ADHD requires areas of challenge in at least two areas of function, the report clearly outlines at least two areas of function where the student experiences ADHD challenges
- ☐ The assessment rules out other causes/including other disabilities that might account for the current functional impairments the client is exhibiting and that are being attribute to ADHD and this is indicated in the report (e.g. acute mental health episodes, anxiety etc.)
- ☐ The assessment details the disability impacts on academic studies \*

### **Accommodations/ Supports**

An accessibility advisor will use the information provided about functional limitations/barriers by the assessing health practitioner to make recommendations to the student about possible accommodation options that are feasible in their academic context.

\*If the assessing health practitioner wishes to provide accommodation recommendations they need to be individualized to the student and the assessing health practitioner needs to indicate that they have taken the necessary steps to fully understand the nature and type of expectations the student is expected to meet as part of their specific academic program before making these recommendations which the University will take into consideration (e.g. classroom, laboratory, professional placement)

### **NOTE: Psychoeducational and Neuropsychological Assessments**

*\*(must be conducted in person with exception period of March 2020 to June 2022 during health pandemic)*

The report indicates that test materials presented on the screen (virtually) were presented in the same standardized manner for which the test is designed, or the modifications/alterations are clearly outlined in the report

A full psychoeducational or neuropsychological assessment conducted in person would be necessary for consideration of more extensive accommodations such as considerable extra time when writing tests/exams, alteration of assessment formats, cue sheets, formula sheets, exceptions from spelling, grammar as well as some types of technology. Scores on these test batteries must demonstrate impaired performance not relative weakness. Information on test batteries for psychoeducational assessments is located on our website. Determination of IQ in psychoeducational test batteries must include the full test, not selected subtests. (see Ontario Psychological Association Guidelines for conducting assessments, 2018)