Appendix A3. ADHD and Educational Rights

Section 504
Section 504 of the National Rehabilitation Act of 1973, is a civil rights law with the intent to protect the rights of individuals with disabilities. Section 504 is not within Special Education designation but generally provides “reasonable” accommodations and services such as reduced assignments, adjusting testing conditions, and meeting transportation needs.

IDEA
The Individuals with Disabilities Education Act (IDEA) (originally Public Law 94-142 amended in 1997 – Public Law 105-17), provides children with disabilities (including significant ADHD) legal safeguards. In most cases, the assistance provided and the legal safeguards from IDEA are greater than Section 504.

- The parent must submit a written request for the evaluation.
- The evaluation is multidisciplinary in nature.
- Children with ADHD may be eligible for Special Education categorization under the Otherwise Health Impaired (OHI) category if they also have:
  - limited alertness to academic tasks, due to heightened alertness to environmental stimuli;
  - chronic problems or if acute, the problems have substantial impact;
  - adversely affected educational performance; and
  - the need for special education services to address the problems.
- At this time, the parent, (the child if older), school psychologist, teacher and other evaluators determine the child’s eligibility for special education categorization, document the child’s specific needs, target specific outcomes and determine the needed interventions.
- The results of the psychoeducational evaluation are shared with the parent at an Individualized Education Plan Committee (IEPC) meeting.
- If a learning disability is determined the child may be eligible for services for both the ADHD and LD.

Individualized Education Plan (IEP)
An IEP is a written agreement between the parents and the school about what the child needs and what will be done to address those needs. An IEP is a legal document under IDEA that must be drawn up by the educational team for the exceptional child and must be signed by the student’s parents before implementation.

Appendix A4. Special Education and Evaluation Terms

<table>
<thead>
<tr>
<th>Special Education Terms</th>
<th>Intelligence Tests</th>
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<tbody>
<tr>
<td>IEP</td>
<td>WISC                               Wechsler Intelligence Scale for Children</td>
</tr>
<tr>
<td>IEPC</td>
<td>K-ABC                              Kaufman Assessment Battery for Children</td>
</tr>
<tr>
<td>BIP</td>
<td>SB-4                               Stanford-Binet Fourth Edition</td>
</tr>
<tr>
<td>SST</td>
<td>WJ-R                               Woodcock Johnson Psychoeducational Battery, Tests of Cognitive Ability</td>
</tr>
<tr>
<td>OHI</td>
<td></td>
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<tr>
<td>SLD</td>
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<tr>
<td>EI</td>
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<tr>
<td>Section 504</td>
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<tr>
<td>IDEA</td>
<td></td>
</tr>
</tbody>
</table>

Appendix B1. Definitions of Selected Psychiatric Disorders: DSM IV Diagnostic Criteria

Anxiety Disorders

Generalized Anxiety Disorder (GAD) (300.02)
A. Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
B. The person finds it difficult to control the worry.
C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.
   (1) restlessness or feeling keyed up or on edge
   (2) being easily fatigued
   (3) difficulty concentrating or mind going blank
   (4) irritability
   (5) muscle tension
   (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
D. Anxiety cannot be explained by a Mood Disorder, Pervasive Developmental Disorder, Psychotic Disorder, or another Anxiety Disorder (e.g., PTSD).
E. Symptoms cause clinically significant distress or impairment in functioning.
F. Not due to the direct physiological effects of a substance of abuse, prescribed medication, or a general medical condition.

**Panic Attacks**
A. Discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:
   (1) palpitations, pounding heart, or accelerated heart rate
   (2) sweating
   (3) trembling or shaking
   (4) sensations of shortness of breath or smothering
   (5) feeling of choking
   (6) chest pain or discomfort
   (7) nausea or abdominal distress
   (8) feeling dizzy, unsteady, lightheaded, or faint
   (9) derealization (feelings of unreality) or depersonalization (being detached from oneself)
   (10) fear of losing control or going crazy
   (11) fear of dying
   (12) paresthesias (numbness or tingling sensations)
   (13) chills or hot flushes

**Obsessive-Compulsive Disorder (300.3)**
A. Either obsessions or compulsions:
   Obsessions as defined by (1), (2), (3), and (4):
   (1) recurrent and persistent thoughts, impulses, or images that are intrusive and cause marked anxiety or distress
   (2) the thoughts, impulses, or images are not simply excessive worries about real-life problems
   (3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
   (4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind
   Compulsions as defined by (1) and (2):
   (1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
   (2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive
B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: This does not apply to children.
C. Symptoms cause marked distress, are time consuming (>1 hour per day), or interfere with functioning.
D. Not restricted to Eating Disorder, Trichotillomania, Body Dysmorphic Disorder, or Substance Use Disorder.
E. Not due to the direct physiological effects of a substance of abuse, a prescribed medication, or a general medical condition.
### Separation Anxiety Disorder (309.21)
A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:
   1. Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
   2. Persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
   3. Persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
   4. Persistent reluctance or refusal to go to school or elsewhere because of fear of separation
   5. Persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
   6. Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
   7. Repeated nightmares involving the theme of separation
   8. Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated
B. Duration of at least 4 weeks.
C. Onset before 18 years.
D. Causes distress or impairment in functioning.
E. Not due to Pervasive Developmental Disorder or a Psychotic Disorder.

### Anxiety Disorder Not Otherwise Specified (300.00)
This category includes disorders with prominent anxiety or phobic avoidance that do not meet criteria for any specific Anxiety Disorder, Adjustment Disorder With Anxiety, or Adjustment Disorder With Mixed Anxiety and Depressed Mood.

### Bipolar Disorders
There are six separate criteria sets for Bipolar I Disorder: Single Manic Episode, Most Recent Episode Hypomanic, Most Recent Episode Manic, Most Recent Episode Mixed, Most Recent Episode Depressed, and Most Recent Episode Unspecified. Bipolar I Disorder, Single Manic Episode, is used to describe individuals who are having a first episode of mania. The remaining criteria sets are used to specify the nature of the current (or most recent) episode in individuals who have had recurrent mood episodes.

#### Manic Episode
A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
B. Persistence of three (or more) of:
   1. Inflated self-esteem or grandiosity
   2. Decreased need for sleep
   3. More talkative than usual or pressure to keep talking
   4. Flight of ideas or feeling that thoughts are racing
   5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   6. Increase in goal-directed activity or psychomotor agitation
   7. Involvement in activities with adverse consequences (e.g., over spending, sexual indiscretion)
C. Cause impairment in functioning.
D. Not due to substance of abuse, prescribed medication, or general medical condition.
E. Mania caused by antidepressant treatment should not count toward diagnosis of Bipolar I Disorder.

#### Hypomanic Episode
A. A distinct period of elevated, expansive, or irritable mood, lasting at least 4 days.
B. Three (or more) of symptoms of mania (see above).
C. Change in functioning that is uncharacteristic of the person and observable by others.
E. Not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.
F. Not due to substance of abuse, prescribed medication, or a general medical condition.

#### Mixed Episode
A. The criteria are met both for a Manic Episode (see above) and for a Major Depressive Episode (see above) nearly every day during at least a 1-week period.
B. Marked impairment in functioning. Needs hospitalization or has psychotic features.
C. Not due to substance of abuse, prescribed medication, or a general medical condition.
### Appendix B1. Definitions of Selected Psychiatric Disorders: DSM IV Diagnostic Criteria (Continued)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Bipolar I Disorder, Single Manic Episode (296.0x)</strong></td>
<td>A. Presence of only one Manic Episode (see above) and no past Major Depressive Episodes. &lt;br&gt;B. The Manic Episode is not better accounted for by a Psychotic Disorder.</td>
</tr>
<tr>
<td><strong>Major Depressive Disorder</strong></td>
<td>A. Presence of a single Major Depressive Episode (see below). &lt;br&gt;B. Not better accounted for by a Psychotic Disorder. &lt;br&gt;C. There has never been a Manic Episode (see below).</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong></td>
<td>A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure: &lt;br&gt;1. depressed mood most of the day, nearly every day, as indicated by either subjective or objective report. In children and adolescents, can be irritable mood. &lt;br&gt;2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (by subjective or objective report). &lt;br&gt;3. significant weight loss when not dieting or weight gain. In children, failure to make expected weight gains. &lt;br&gt;4. insomnia or hypersomnia nearly every day. &lt;br&gt;5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). &lt;br&gt;6. fatigue or loss of energy nearly every day &lt;br&gt;7. feelings of worthlessness or excessive/inappropriate guilt. &lt;br&gt;8. diminished ability to think or concentrate, or indecisiveness, nearly every day (subjective/objective). &lt;br&gt;9. recurrent thoughts of death, recurrent suicidal ideation, suicide attempt, or plan for committing suicide. &lt;br&gt;B. Symptoms cause distress or impairment in functioning. &lt;br&gt;C. Not due to a substance of abuse, prescribed medication, or a general medical condition. &lt;br&gt;E. Not better accounted for by Bereavement.</td>
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<tr>
<td><strong>Fetal Alcohol Syndrome (FAS)/Alcohol-Related Neurobehavioral Disorder (ARND)</strong></td>
<td>The teratogenic effects of alcohol produce a range of outcomes extending from full FAS to a milder appearing disorder in which there are no characteristic facial features, but there are clinically significant learning and behavioral problems. Individuals with full FAS have a distinct pattern of facial abnormalities, growth deficiency and evidence of central nervous system dysfunction. In addition to mental retardation, individuals with FAS may have more neurological deficits such as poor motor skills and hand-eye coordination. They may also have a complex pattern of behavioral and learning problems, including difficulties with memory, attention and judgment. Individuals without full facial features of FAS, but who have clinically significant learning and behavioral problems are diagnosed with Alcohol-Related Neurobehavioral Disorder (ARND). ARND also referred to as Fetal Alcohol Effects (FAE) or partial FAS.</td>
</tr>
<tr>
<td><strong>Fragile X Syndrome</strong></td>
<td>Fragile X syndrome is the second most common 'chromosomal' cause of mental impairment after trisomy 21. It is characterized by moderate to severe mental retardation, macroorchidism, large ears, prominent jaw, and high-pitched jocular speech. Patients typically have flat feet and finger joint hypermobility. Mitral valve prolapse may be present. Many males have relative macrocephaly. Patients may also have tactile defensiveness. This condition accounts for about one-half of X-linked mental retardation. Frequency estimates vary from 0.5 per 1000 to 2.4:10,000 males. &lt;br&gt;Cognitive and behavioral profile: Hyperkinetic behavior and a problem with concentration are present in most affected males; therefore this condition can be easily confused with ADHD. Longitudinal observations indicate a deterioration of IQ with age; mental retardation may, for example, be moderate at age 12 and severe at age 25. Patients frequently may have autistic-like behavior and apparent speech and language deficits, making it easily confused with Autistic Disorder. Psychiatric comorbidity is high, with increased risk of ADHD, oppositional defiant disorder, enuresis, and encopresis. Fragile X syndrome may also be difficult to distinguish from Prader-Willi Syndrome; except patients with Fragile X Syndrome lack the neonatal hypotonia and infantile feeding problems followed by hyperphagia during toddlerhood seen in Prader-Willi. &lt;br&gt;Inheritance: Fragile X Syndrome is associated with mutations in the FMR1 gene. All mothers of males with the fragile X have been found to be carriers; the mutation must occur either at a low rate or only in males. Twenty percent of males who carry a fragile X chromosome are phenotypically normal; their daughters, to whom they transmit the fragile X chromosome, are likewise normal, but their grandsons are often affected. The brothers of the clinically normal, transmitting males have a low risk, while grandsons and great-grandsons have much higher risks.</td>
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</tbody>
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25 UMHS Attention Deficit Disorder Guideline, August 2005
**Diagnosis:** is made by immunofluorescence studies and is quite reliable. The most efficient and cost effective methodology for diagnosis is cytogenetic analysis, followed by molecular studies only when the fra(X) is seen or suspected.

### Learning Disorders (LD)

Learning Disorder/Disability (LD) is a broad term that covers a pool of possible causes, symptoms, treatments, and outcomes. Learning Disabilities can be divided up into three broad categories:

- (1) Developmental speech and language disorders
- (2) Academic skills disorders
- (3) "Other" disorders- includes certain coordination disorders and learning handicaps not covered by the other terms.

### Specific Learning Disability

A disorder occurring in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

### Dyslexia

Dyslexia includes a very broad range of learning disabilities which involve language processing deficits relating to: 1) attention, 2) language, 3) spatial orientation, poor reading and spelling skills, 4) memory, 5) fine motor control issues, and 6) sequencing or difficulty organizing information and instructions into an appropriate order.

### Reading Disorder (315.00)

A. Reading achievement, as measured by individually administered standardized tests of reading accuracy or comprehension, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

B. Significantly interferes with academic achievement or activities of daily living that require reading skills.

C. If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.

### Mathematics Disorder (315.1)

A. Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

B. Significantly interferes with academic achievement or activities of daily living that require mathematical ability.

C. If a sensory deficit is present, the math difficulties are in excess of those usually associated with it.

### Disorder of Written Expression (315.2)

A. Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person's chronological age, measured intelligence, and age-appropriate education.

B. Significantly interferes with academic achievement or activities of daily living that require the composition of written texts.

C. If a sensory deficit is present, the difficulties in writing skills are in excess of those usually associated with it.

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**Appendix B1. Definitions of Selected Psychiatric Disorders: DSM IV Diagnostic Criteria (Continued)**

### Learning Disorder Not Otherwise Specified (315.9)

This category is for disorders in learning that do not meet criteria for any specific Learning Disorder. This category might include problems in all three areas (reading, mathematics, written expression) that together significantly interfere with academic achievement even though performance on tests measuring each individual skill is not substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

### Oppositional Defiant Disorder (313.81)

A. Pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

1. Often loses temper
2. Often argues with adults
3. Often actively defies or refuses to comply with adults' requests or rules
4. Often deliberately annoys people
5. Often blames others for his or her mistakes or misbehavior
6. Is often touchy or easily annoyed by others
(7) is often angry and resentful
(8) is often spiteful or vindictive

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.

D. Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

*Behavior must occur more frequently than is typically observed in individuals of comparable age and developmental level.

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**Post Traumatic Stress Disorder (PTSD; 309.81)**

A. The person has been exposed to a traumatic event in which both of the following were present:
   (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
   (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
   (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
   (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
   (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
   (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
   (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
   (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
   (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
   (3) inability to recall an important aspect of the trauma
   (4) markedly diminished interest or participation in significant activities
   (5) feeling of detachment or estrangement from others
   (6) restricted range of affect (e.g., unable to have loving feelings)
   (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
   (1) difficulty falling or staying asleep
   (2) irritability or outbursts of anger
   (3) difficulty concentrating
   (4) hypervigilance
   (5) exaggerated startle response

E. Duration of the symptoms is more than 1 month.

F. Causes distress or impairment in functioning.
### Reactive Attachment Disorder of Infancy or Early Childhood (313.89)

A. Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years, as evidenced by either (1) or (2):

1. Persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)

2. Diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

B. Not Mental Retardation or Pervasive Developmental Disorder.

C. Pathogenic care as evidenced by at least one of the following:

1. Persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection

2. Persistent disregard of the child's basic physical needs

3. Repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)