I. A qualified professional must conduct the evaluation.
   • Name, title, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
   • Evaluators must have training in, and experience with, the differential diagnosis of ADHD in adolescents and/or adults.
   • Appropriate professionals may include clinical psychologists, neuropsychologists, school psychologists, psychiatrists or other specifically trained medical doctors.
   • Evaluations performed by members of the student’s family are not acceptable.
   • All reports must be signed by the evaluator, and should include a completed Geisel form (if feasible), as well as any additional information printed on letterhead.

II. Documentation must be current.
   • Reports should, in general, be based on evaluations performed or updated within three years (up to the age of 24).
   • They should describe the current impact of the diagnosed condition.
   • They should mention any currently mitigating factors, such as medication.
   • They should make recommendations appropriate to a postsecondary setting, preferably a medical school environment.

III. Documentation must be comprehensive.
   • Reports should include a history (medical, psychosocial, academic, familial), and indicate compelling evidence of early impairment, even if a condition was not formally diagnosed in childhood.
   • Reports should indicate evidence of current impairment, including the results of a clinical diagnostic interview and review of any psychoeducational tests performed to investigate the existence of an attention deficit disorder.
   • A specific diagnosis must be included or specifically ruled out.
   • Reports including a diagnosis must demonstrate that current DSM criteria have been met.
   • Any test scores must be included, along with an interpretation of each and a summary.
   • Documentation should rule out alternative diagnoses and/or explanations for problems, such as learning/reading disorders or psychiatric disorders.
   • Documentation should address any coexisting disorders, suspected coexisting disorders, or other confounding factors.
   • Documentation must indicate whether, in the opinion of the evaluator, the diagnosed condition rises to the level of a disability as defined by Section 504 and the ADA (substantially limiting a major life activity).
   • There must be a clear indication of the individual student’s functional limitations.
   • Documentation should include recommendations for accommodations that are directly related to functional limitations, and relevant to a medical school environment if possible.
   • A rationale, explaining why each recommendation for accommodation is appropriate, should be given.