

Understanding Your

ADHD Evaluation at Sticky Brain Studio™

A Guide for Families, Teens, and Adults

Why age matters · What to expect · Your questions answered

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Psychology Services Through a Neurodiversity-Affirming Lens

About This Guide

At Sticky Brain Studio, we believe that informed families and individuals are empowered ones. This guide was created to help you understand *why* ADHD evaluations are tailored by age, and what that means for you or your child.

ADHD is not a one-size-fits-all condition, and evaluating it is not a one-size-fits-all process. The way attention, impulse control, and self-regulation develop changes significantly from preschool through adulthood. A thorough, accurate evaluation must account for where a person is developmentally: not just what symptoms are present, but whether those symptoms are meaningful given their age and stage of life.

Our Approach at Every Age

Every SBS evaluation, regardless of age, is grounded in the same core values:

- **Evidence-based:** We follow current clinical research and established diagnostic standards.
- **Neurodiversity-affirming:** We assess the whole person, not just a list of deficits.
- **Comprehensive:** We gather information from multiple people and multiple settings before drawing any conclusions.
- **Thoughtful:** We take the time to consider other explanations before concluding that ADHD is the answer.

Why Accurate Diagnosis Matters

ADHD is one of the most well-researched conditions in psychology, and also one of the most frequently misunderstood. It is not a behavior problem, a parenting failure, or simply being "too energetic." ADHD reflects real differences in how the brain manages attention, impulse control, and self-regulation. These differences show up differently depending on a person's age, gender, environment, and individual strengths.

A careful evaluation ensures that any diagnosis reflects a genuine clinical picture, and that other explanations, like anxiety, learning differences, or stress, are considered before any conclusions are reached. That accuracy is what allows us to make recommendations that will actually help.

How to Use This Guide

The next section walks through each of our five age groups. Each one briefly explains why that developmental stage requires its own evaluation approach, and what families or individuals can generally expect from the process. Find the section that matches your child's age, or your own, and read on.

Why Age Matters in ADHD Evaluation

The brain develops dramatically from ages 4 through adulthood. What looks like ADHD in a 5-year-old may simply be normal development. What gets missed in a 10-year-old may become significantly impairing by college. Each stage below describes why that window of development requires its own clinical lens.

■ Band 1: Preschool

Ages 4–5

Young children are naturally active, impulsive, and easily distracted. That is developmentally appropriate. At this age, we hold a higher bar before considering an ADHD diagnosis, because many behaviors that look like ADHD are simply part of normal early childhood development.

Our focus at this stage is less about confirming a diagnosis and more about understanding the whole child: how they are developing, how they are doing socially, and whether there are concerns that would benefit from early support and guidance. We also take care to consider other explanations, including language development, sensory differences, or sleep, before drawing any conclusions.

Parents are our primary source of information at this age. Teacher and caregiver observations are also essential, since behavior at home and at school can look very different. If concerns are present and persistent across multiple settings, early intervention can make a meaningful difference.

■ Band 2: Early Elementary

Ages 6–8

Kindergarten through second grade is often when ADHD first becomes clearly visible. For the first time, children are expected to sit still, follow multi-step directions, manage their behavior independently, and sustain attention on tasks that may not interest them. For children with ADHD, these demands can be genuinely difficult: not because they are unwilling, but because their brain is wired differently.

At this age, we gather information from both home and school, because ADHD must show up in more than one setting to be clinically meaningful. A child who struggles only at home, or only at school, may be responding to something environmental rather than experiencing a neurodevelopmental condition. Your child's teacher's perspective is an essential part of the picture.

Early identification at this stage is valuable. When children receive the right support early (whether through accommodations, behavioral strategies, or other interventions), it can protect their confidence and prevent the academic and emotional challenges that often build over time when ADHD goes unaddressed.

■ Band 3: Late Elementary / Middle School Ages 9–12

By late elementary and middle school, the academic and social demands placed on children increase significantly. Homework becomes more complex, projects require planning ahead, and children are expected to manage their time and responsibilities with less adult support. For children with ADHD, this is often when things begin to feel harder to manage, even if earlier years seemed fine.

Children this age are also old enough to have their own perspective on their experience. How a child describes their day, their frustrations, and their sense of themselves matters. We take that seriously as part of building an accurate clinical picture.

At this stage, it also becomes important to think carefully about what else might be contributing. Anxiety, learning differences, and ADHD can look very similar, and sometimes co-exist. A careful evaluation at this age helps ensure that the right support is put in place, rather than addressing the wrong thing.

■ Band 4: Adolescents

Ages 13–17

The teenage years bring a new layer of complexity to ADHD evaluation. Adolescents are navigating increasing independence, higher academic stakes, and a growing sense of identity, all while the parts of the brain responsible for planning and self-regulation are still maturing. ADHD that was manageable in earlier years can become significantly more impairing during this period.

Teens are full participants in their own evaluation. Their voice, their experience, and their perspective on their own challenges are central, not secondary, to the process. We also take seriously the emotional weight that many teens carry when ADHD has gone unidentified for years: the self-doubt, the frustration, and the feeling of not living up to their own potential.

For families considering college or standardized testing accommodations, a formal evaluation during the high school years is often an important step. Documentation of ADHD is typically required by colleges and testing agencies, and a thorough evaluation ensures that teens have access to the supports they need as they move forward.

■ Band 5: Young Adults

Ages 18–28

ADHD does not end at 18. For many people, it becomes more impairing once the external structure of school and family routines falls away. College, early careers, and independent living all demand a level of self-management that can be genuinely challenging for someone with untreated or unrecognized ADHD.

Many adults reaching out for an evaluation have spent years developing workarounds: strategies that helped them get by but never fully addressed the underlying difficulty. An evaluation at this stage can provide long-overdue clarity, validation, and a path forward with the right supports in place.

Evaluating ADHD in adults requires confirming that symptoms were present in childhood, since ADHD is a neurodevelopmental condition that begins early in life. This means gathering developmental history as part of the process. We also take care to understand the full picture, including anxiety, mood, and life circumstances, before drawing conclusions. For college students and working adults, a formal evaluation can open the door to meaningful accommodations and support.

Frequently Asked Questions

Why do you evaluate differently based on age?

Because ADHD looks different at different stages of development, and what is clinically meaningful at one age may be entirely typical at another. A 4-year-old who can't sit still is likely just a 4-year-old. A 16-year-old who can't complete assignments despite trying is a different story. Tailoring our approach by age ensures that our evaluations are accurate and fair.

How long will the evaluation take?

It depends on the pathway that is the best fit for your situation. Some evaluations are completed in a session or two, while our most comprehensive option involves multiple appointments including intake, observation or testing, and a feedback session. Dr. O will walk you through what to expect at the start of the process.

Does my child have to attend every appointment?

For younger children, the first appointment is typically with parents only. Children attend a separate session where Dr. O can spend time with them directly. For teens and adults, your participation in the evaluation is central, not optional.

What if the evaluation doesn't lead to a diagnosis?

That is a completely valid outcome. Not every evaluation results in an ADHD diagnosis, and that is a good thing: it means the process is working as it should. If ADHD is not supported by the evaluation, Dr. O will share what was found, discuss what might be contributing, and help you think through next steps.

Can ADHD look different in girls than boys?

Yes, and this is important. ADHD is frequently underdiagnosed in girls and women because it often presents differently, with more inattention and internal struggle than visible hyperactivity. Girls are also more likely to mask their difficulties. Our evaluation is designed to identify ADHD across all presentations, not just the most stereotypical ones.

Does a diagnosis mean medication is required?

No. Medication is one option among many, and it is never the only path forward. Following an evaluation, Dr. O will discuss what the findings mean and walk through all of the available options, including behavioral strategies, school accommodations, coaching, therapy, and more. The goal is to find the right fit for you or your child, not to prescribe a one-size-fits-all plan.

Will schools or colleges accept this evaluation?

In most cases, yes. Our comprehensive evaluations include the written documentation that schools, colleges, and testing agencies typically require for accommodations. If you have a specific purpose in mind, let us know at the start so we can make sure the evaluation meets those requirements.

Ready to Take the Next Step?

We know that deciding to pursue an evaluation is a meaningful step. Whether you are seeking answers for your child, your teen, or yourself, Sticky Brain Studio is here to guide you through the process with clarity, care, and expertise.

Evaluation Option	Best For	Investment
Insurance-Based Diagnostic Assessment	Clear concerns, treatment planning, families who prefer to start with insurance	Insurance billed when eligible
ADHD Screening Review	Early or mild concerns, quick professional guidance, peace of mind	\$450
Focused ADHD Evaluation	School or college accommodations, workplace documentation, diagnostic clarity	\$1,200–\$1,450 Payment plans available
Comprehensive Neurodevelopmental Evaluation	Possible ASD, learning concerns, or complex developmental history	Custom quote based on scope

Schedule a Consultation

Not sure which option is the right fit? That is completely okay. During your consultation, Dr. O will review your concerns and help you determine the best next step.

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From clarity to confident next steps, Sticky Brain Studio is here to support the full journey.