

Attention-Deficit/Hyperactivity Disorder Documentation Form



The Department of Disability Services is responsible for providing students with disabilities equal access to their education. To receive academic adjustments under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), students at Texas A&M University must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by federal legislation.

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student request so that Disability Services may determine what, if any, academic adjustments, auxiliary aids, and/or accommodations a student with ADHD may be eligible to receive.

This information submitted to Disability Services should reflect the most currently available information. **This ADHD Documentation Form should:**

- a) ***Be completed by a qualified professional.***
- b) ***Be completed as clearly and thoroughly as possible.*** Incomplete responses and illegible handwriting may require additional follow up that will delay the review process.
- c) ***Be supplemented with any evaluative reports that may provide a more complete understanding of the student.*** Evaluative reports may include comprehensive diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results.
- d) ***Be submitted to the Department of Disability Services.*** All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

Submit Information to:

Disability Services, Texas A&M University
701 West Campus Boulevard; 1224 TAMU
College Station, TX 77843-1224

FAX: (979) 458-1214

Date: _____

Patient Name: _____ Birthdate: _____
Last First M.I.

1. First date of treatment with this individual: _____
Last date of treatment with this individual: _____

2. DSM-V Diagnosis:

- ___ 314.00 ADHD Predominately Inattentive
- ___ 314.01 ADHD Predominately Hyperactive-Impulsive
- ___ 314.01 ADHD Combined Presentation
- ___ 314.01 ADHD Unspecified Presentation

3. Severity: ___ Mild ___ Moderate ___ Severe

4. How did you arrive at your diagnosis? Please check all that apply.

- ___ Behavioral Observations
- ___ Developmental History
- ___ Educational History
- ___ Medical History
- ___ Clinical Interview (Structured or Unstructured)
- ___ Interviews with Others
- ___ Rating Scales
- ___ Neuropsychological Testing (Dates of testing: _____)
- ___ Other – Please specify: _____

5. Rate the level of functional limitation you believe your patient experiences ***in the college environment.***

0 = No problem 1 = Mild 2 = Moderate 3 = Severe

Life Activities:

- | | |
|------------------------|-----------------------------|
| ___ Caring for oneself | ___ Sitting |
| ___ Talking | ___ Performing Manual Tasks |
| ___ Hearing | ___ Eating |
| ___ Breathing | ___ Working |
| ___ Seeing | ___ Interacting with Others |
| ___ Walking/Standing | ___ Sleeping |
| ___ Lifting/Carrying | |

Learning Skills:

- | | |
|----------------------------|----------------------|
| ___ Reading | ___ Processing Speed |
| ___ Writing | ___ Memorizing |
| ___ Spelling | ___ Concentrating |
| ___ Quantitative Reasoning | ___ Listening |
| ___ Math Calculating | ___ Other: _____ |

6. **Please check all ADHD symptoms that the student currently exhibits.** (Checklist from *Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5)*):

Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that required sustained mental effort
- often loses things necessary for task and activities (e.g., school assignments, pencils, books, etc.)
- is often easily distracted by extraneous stimuli
- often forgetful in daily activities

Hyperactivity:

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities that are more sedate
- is often “on the go” or often acts as if “driven by a motor”
- often talks excessively

Impulsivity:

- often blurts out answers before questions have been completed
- often has difficulty waiting turn
- often interrupts or intrudes on others (e.g., butts into conversations or games)

7. Are there **other specific symptoms** that might affect the student's academic performance?

8. Identify any **other current disabilities** that have been diagnosed.

9. Describe any **currently prescribed medication**, including dosage, side effects, and effectiveness.

10. Share any specific recommendations regarding academic accommodations for this student. Include a **rationale** relevant to this student's functional limitations.

Healthcare Provider Information

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____

Address: _____

Phone: _____ FAX: _____

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