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.** The diagnosing professional may not be related to the student.

b) **Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting will 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. Date of first contact with this individual: ______________________________
Date of last contact 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
   ____ Talking
   ____ Hearing
   ____ Breathing
   ____ Seeing
   ____ Walking/Standing
   ____ Lifting/Carrying
   ____ Sitting
   ____ Performing Manual Tasks
   ____ Eating
   ____ Working
   ____ Interacting with Others
   ____ Sleeping

**Learning Skills:**
   ____ Reading
   ____ Writing
   ____ Spelling
   ____ Quantitative Reasoning
   ____ Math Calculating
   ____ Processing Speed
   ____ Memorizing
   ____ Concentrating
   ____ Listening
   ____ 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 our 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. Described 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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