Attention-Deficit/Hyperactivity Disorder Documentation Form

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.

c) **Be supplemented with reports which may include psycho-educational or neuropsychological reports.** Please do not provide case notes or rating scales without a narrative that explains the results.

Submit Information to:
Disability Services
Texas A&M University
1224 TAMU
College Station, TX 77843-1224
FAX: (979) 458-1214

PHONE: (979) 845-1637 (voice/relay)
Date: __________________

Student Name: ____________________________________________________________________________ Birthdate: _______________

Last Name: ___________________________ First Name: ___________________________ M.I.: __________

1. Date of first contact with this student: ________________________________

Date of last contact with this student: ________________________________

2. Disability:
   ___ ADHD Predominately Inattentive
   ___ ADHD Predominately Hyperactive-Impulsive
   ___ ADHD Combined Presentation
   ___ ADHD Unspecified Presentation

3. Severity: _____ Mild _____ Moderate _____ Severe

4. How did you arrive at the diagnosis? Please check all that apply.
   ___ Clinical Interview (Structured or Unstructured)
   ___ Psychoeducational Evaluation (Dates of testing: _____________________________)
   ___ Neuropsychological Testing (Dates of testing: _____________________________)
   ___ Other – Please specify: _______________________________________________________

5. Rate the level of impact you believe the student experiences in the college environment.
   0 = No impact 1 = Mild 2 = Moderate 3 = Severe
   ___ Sitting   ___ Working   ___ Interacting with Others
   ___ Reading   ___ Writing   ___ Sleeping
   ___ Spelling   ___ Quantitative Reasoning   ___ Processing Speed
   ___ Math Calculating   ___ Memorizing   ___ Concentrating
   ___ Other: _________________

6. Please check all that apply to this student:

   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 requires sustained mental effort

___ often loses things necessary for tasks 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 ways the student might be impacted academically?
8. Describe any other disabilities and their impact.

9. Discuss any side effects related to treatment or medications that may be relevant to identifying accommodations.

10. Please state any recommended academic accommodations with rationale.

Provider Information

Provider Name (Print): __________________________________________

Provider Signature: __________________________________________

License or Certification #: ______________________________________

Address: ______________________________________________________

Phone: ________________________ FAX: ________________________

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