This information submitted to Disability Resources 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 Resources
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    First   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      ___ Interacting with Others
   ___ Working      ___ Sleeping
   ___ Reading      ___ Processing Speed
   ___ Writing      ___ Memorizing
   ___ Spelling     ___ Concentrating
   ___ Quantitative Reasoning  ___ Listening
   ___ Math Calculating ___ 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.

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**Provider Information**

Provider Name (Print): _______________________________________________________________

Provider Signature: __________________________________________________________________

License or Certification #: _____________________________________________________________

Address: __________________________________________________________________________

Phone: __________________________________ FAX: _____________________________________

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