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.

**COVID-19 Update:** While the university is minimizing in-person interactions and activities, Disability Resources is recommending that documentation and request forms NOT be sent by mail or fax since staff access to these communication mediums may be limited.

Submit Information Electronically to:  
[disability@tamu.edu](mailto:disability@tamu.edu)

If you want to send in medical documentation in a secure format, you can use an encrypted file share service such as Filex ([https://filex.tamu.edu](https://filex.tamu.edu)) then send the link to the encrypted file and the decryption code to [disability@tamu.edu](mailto:disability@tamu.edu).

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
   ___ Working
   ___ Reading
   ___ Writing
   ___ Spelling
   ___ Quantitative Reasoning
   ___ Math Calculating
   ___ Interacting with Others
   ___ Sleeping
   ___ Processing Speed
   ___ Memorizing
   ___ Concentrating
   ___ Listening
   ___ 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: _____________________________________

Submit information electronically to:
disability@tamu.edu

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