Attention-Deficit/Hyperactivity Disorder Documentation Form

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 email, fax or postal mail are the preferred methods of delivery.

**Submit Information to:**

Disability Resources
Texas A&M University
471 Houston Street; 1224 TAMU
College Station, TX 77843-1224

FAX: (979) 458-1214
EMAIL: disability@tamu.edu
PHONE: (979) 845-1637 (voice/relay)

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) then send the link to the encrypted file and the decryption code to disability@tamu.edu.
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              ____ Interacting with Others
   ____ Reading   ____ Writing             ____ Sleeping
   ____ Spelling  ____ Quantitative Reasoning   ____ Processing Speed
   ____ Math Calculating   ____ Other: __________________
   ____ Writing   ____ Concentrating
   ____ Writing   ____ Concentrating
   ____ Writing   ____ Concentrating
   ____ Writing   ____ Concentrating
   ____ Writing   ____ Concentrating
   ____ Writing   ____ Concentrating

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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