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
   ____ 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

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___ 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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