

Attention-Deficit/Hyperactivity Disorder Documentation Form



Disability Resources
DIVISION OF STUDENT AFFAIRS

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
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 electronic format, you can use an encrypted file share service such as Filex (<https://filex.tamu.edu>) or WeTransfer (<https://wetransfer.com>) 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 | ___ 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.

Provider Information

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____

Address: _____

Phone: _____ FAX: _____

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