

MARTIN

Office of Disability Services

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER DOCUMENTATION FORM

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student's request and to assist Office of Disability Services(ODS) in developing an appropriate accommodation plan together with the student.

The information submitted to ODS should reflect the most currently available information. **This ADHD Documentation Form should be:**

- a. Completed by a qualified professional.** The diagnosing professional should not be related to the student.
- b. Completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting may require additional follow up that could delay the review process.
- c. Supplemented with any evaluative reports that may provide a more complete understanding of the student's accommodation needs.** Evaluative reports may include comprehensive diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results; and
- d. Submitted to the Office of Disability Services.** All documentation will be held strictly confidential as a student record.

PLEASE RETURN THIS FORM TO:



206-209 Clement Hall
DisabilityServices@utm.edu
731.881.7195
Fax: 731.881.7702

Date: _____

Student Name: _____ Birthdate: _____

1. Date of first contact with this individual: _____

2. Date of last contact with this individual: _____

3. DSM-V/ICD-10 Diagnosis:

___ 314.00 (F90.0) ADHD Predominately Inattentive

___ 314.01 (F90.1) ADHD Predominately Hyperactive-Impulsive

___ 314.01 (F90.2) ADHD Combined Presentation

4. How did you arrive at your diagnosis? Please check all that apply.

___ Behavioral Observations

___ Educational History

___ Clinical Interview (Structured or Unstructured)

___ Developmental History

___ Medical History

___ Interviews with Others

___ Rating Scales (Please specify types: _____)

___ Neuropsychological or Psychoeducational Testing (Dates of testing: _____)

5. Do you expect the above diagnosis to substantially limit any of the following major life activities *in the college environment*?

LIFE ACTIVITY	No Impact	Moderate Impact	Substantial Impact	Don't Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
Math				
Reading				
Written expression				
Other (Please describe):				

6. **Please check all ADHD symptoms that the student currently exhibits.** (Checklist from Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5):

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., into conversations or games)

7. Are there other specific symptoms that might affect the student’s academic performance?

8. Identify any other current disabilities that have been diagnosed.

9. Describe any currently prescribed medication, including dosage, side effects, and effectiveness.

10. Share any specific recommendations regarding academic accommodations appropriate in a postsecondary environment for this student. Include a rationale relevant to this student's functional limitations.

Recommended Accommodation	Justification

HEALTHCARE PROVIDER INFORMATION

Provider Name (Print): _____

Provider Signature: _____

License or Certification Number:: _____

Address: _____

Phone: _____ Fax: _____

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