



ADD/ADHD DISABILITY DOCUMENTATION

(To be completed by a qualified medical doctor/physician, psychiatrist, or psychologist)

Introduction

The Disability Resource Center provides academic services and accommodations for students with disabilities. Students are required to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Amended Act (2008). These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access.

Completing the DRC Assessment Form

The ADD/ADHD Disability Assessment Form must be completed as thoroughly as possible by a qualified healthcare professional. A qualified healthcare professional is typically a licensed clinical psychologist, neuropsychologist, psychiatrist, or a medical specialist trained in mental health assessment. This professional has comprehensive training and relevant experience in the full range of psychiatric disorders and uses a differential diagnostic practice to arrive at the ADD/ADHD diagnosis.

A comprehensive diagnostic report including psycho-educational or neuropsychological test results may be submitted in lieu of this form.

Student Name: _____ Date of Birth: _____
(Please type or print neatly. Use a separate paper if needed)

- 1. Diagnosis (and DSM-IV-R or V code): _____
2. Date diagnosis was determined: _____
3. In addition to applying DSM-IV-R diagnostic criteria for ADD/ADHD, what other information did you collect to arrive at your diagnosis?

- Behavioral observations
Developmental history
Rating scales
Medical history
Structured or unstructured clinical interview with the student
Interviews with others (parents, teachers, spouse or significant others)
Neuropsychological or psycho educational testing Date(s) of testing: _____
Other (Please specify) _____

(Please attach/fax diagnostic report of assessment)

- 4. Level of severity: Mild Moderate Severe
5. Date of first contact with student: _____
6. Date of last contact with student: _____

Continued on next page



7. Please rate the frequency/duration and severity of the condition’s impact on major daily life activities to the best of your knowledge. Complete by comparing patient/student to same age peers in the context of post-secondary education.

FUNCTIONAL IMPACT ASSESSMENT

IMPACT IS: ? = Unknown 1 = Mild 2 = Moderate 3 = Severe

IMPACT				Major Life Activity	Frequency/Duration 0-4 scale: 0=never, 1=rarely, 2=intermittent 3= daily/frequent, 4=chronic
?	1	2	3		
				Initiating Activities	
				Speaking	
				Listening	
				Sitting	
				Concentration	
				Following Directions	
				Memorization	
				Persistence	
				Processing Speed	
				Organizational Skills	
				Working	
				Interacting with Others	
				Sleeping	
				Sustained Reading	
				Sustained Writing	
				Other:	

8. Please

check all ADD/ADHD symptoms listed in the DSM-IV-R or DSM-V that the student *currently* exhibits:

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 fails 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, for older adolescents and adults – preparing reports, completing forms, reviewing lengthy papers) that require sustained mental effort.
- Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- Often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts)
- Often forgetful in daily activities
- Other (please list):

Continued on next page



Hyperactivity and Impulsivity:

- Often fidgets with hands or feet or squirms in seat
Often leaves 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 feeling of restless).
Often has difficulty playing or engaging in leisure activities quietly
Often "on the go" or often acts as if "driven by a motor"
Often talks excessively
Often blurts out answers before questions have been completed
Often has difficulty awaiting turn
Often interrupts or intrudes on others (e.g. butts into conversations or games)
Other (please list):

9. State current treatment plan (e.g., medication, counseling, coaching, learning strategies instruction, etc.) and the student's response to treatment. To what degree does the treatment plan mitigate the severity of the disorder? If a current treatment plan is in effect and student is responding positively to it, please explain why you are recommending academic adjustments/accommodations/services to achieve equal access.

Four horizontal lines for writing the response to question 9.

10. If applicable, state specific accommodation recommendations for this student, and a rationale as to why the accommodation is necessary (e.g. if a note taker is suggested, explain how this accommodation is related to the student's diagnosis).

Table with 2 columns: Accommodation Recommendation, Rationale. It contains four empty rows for data entry.

Professional's Signature: _____ License #: _____

Print or type name and title: _____

Clinic or Medical Facility: _____

Address: _____

Phone: _____ Date: _____

Please address questions regarding documentation, and send this documentation to:

UWSP Disability Resource Center
1801 Fourth Avenue/CCC 108
Stevens Point, WI 54481

Phone: 715- 346-3365
Fax: 715 346-4143
Email: drc@uwsp.edu

*Adopted from the McBurney Disability Resource Center at UW Madison