



## Documentation Guidelines for Attention Deficit Hyperactivity Disorder Student Disability Resources and Services

The Department of Student Disability Resources and Services (SDRS) is responsible for providing students with disabilities equal access to their education. To receive academic accommodations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), students at Texas A&M University-Commerce must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by the federal legislation noted above.

Federal law requires that students with disabilities be considered on a case-by-case basis. The following documentation requirements, adapted from documents developed by professionals from various organizations who serve students with Attention Deficit Hyperactivity Disorder (ADHD), are provided in the interest of assuring that documentation of ADHD (1) demonstrates an impact on a major life activity, (2) is appropriate to verify eligibility, and (3) supports the request for accommodations, academic adjustments and/or auxiliary aids. By providing the information outlined below, the evaluator will assist us in being able to serve the student effectively. Given that the manifestations of a student's disability may change over time, the evaluation must reflect the student's *current status*. Disability Services will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual student.

The documentation must reflect the following:

- 1. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** The diagnosing professional cannot be related to the student.
- 2. All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow-up for clarification.
- 3. The healthcare professional should attach any reports which provide additional related information (i.e. psycho-educational testing, neuropsychological test results).** If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be substituted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.
- 4. After completing this form, mail or fax it to the contact provided below.** The information you provide will be kept in the student's file at the Department of Student Disability Resources and Services, where it will be held strictly confidential. This form may be released to the student at his/her request unless you note otherwise.

**Mail:**

**Student Disability Resources and Services  
Texas A&M University-Commerce  
P.O. Box 3011, Commerce, TX 75429**

**Fax:**

**(903) 468-8148**

**Email:**

**[StudentDisabilityServices@tamuc.edu](mailto:StudentDisabilityServices@tamuc.edu)**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

1. Date of first contact with this patient: \_\_\_\_\_  
Date of last contact with this patient: \_\_\_\_\_

2. DSM-IV Diagnosis:

- 314.00 ADHD, Predominantly Inattentive
- 314.01 ADHD, Predominantly Hyperactive-Impulsive
- 314.01 ADHD, Combined Type
- 314.9 ADHD, Not otherwise specified

3. Level of severity:  Mild  Moderate  Severe

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

- Behavioral Observations
- Developmental History
- Educational History
- Medical History
- Structured or unstructured clinical interview with the individual
- Interviews with other persons
- Rating Scales
- Neuropsychological testing (dates of testing) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

5. Functional Limitations: Please rate the level of limitation you believe your patient experiences in the college environment as a result of his/her disability.

0=Not a problem    1=Mild    2=Moderate    3=Severe

- |                              |                              |              |                |
|------------------------------|------------------------------|--------------|----------------|
| ____ Caring for oneself      | ____ Talking                 | ____ Hearing | ____ Breathing |
| ____ Seeing                  | ____ Sitting                 | ____ Eating  | ____ Working   |
| ____ Sleeping                | ____ Interacting with others |              |                |
| ____ Walking/Standing        | ____ Lifting/Carrying        |              |                |
| ____ Performing Manual Tasks |                              |              |                |

6. Learning Skills: Please rate the level of limitation you believe your patient experiences in the college environment as a result of his/her disability.

0=Not a problem    1=Mild    2=Moderate    3=Severe

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|-----------------------|--------------------|----------------------------|
| ____ Reading          | ____ Writing       | ____ Spelling              |
| ____ Listening        | ____ Concentrating | ____ Qualitative Reasoning |
| ____ Math Calculating | ____ Memorizing    | ____ Processing Speed      |
| ____ Other:           | _____              |                            |

7. Please check all ADHD symptoms listed in the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> ed. Text Revision (DSM-IV-TR)* 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 details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions)
- 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 task and activities (i.e. school assignments, pencils, books, tools, 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 in seat 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 if “drive 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 (i.e. butts into conversations or games)

8. Please describe any *currently* prescribed medications, including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

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9. Are there other specific symptoms manifesting themselves at this time that might affect the student’s academic performance?

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10. Please identify any other *current* psychological or physical disorder or condition you have diagnosed, or which you have on record for this individual:

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11. State specific recommendations regarding academic accommodations for this student. Include a rationale as to why each accommodation is recommended and how the accommodation is relevant to this student's functional limitations. In other words, why is the specific recommendation for this particular accommodation necessary for this student?

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**Healthcare Provider Information**

**Date:** \_\_\_\_\_

**Provider Name (Print):** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**License or Certification #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please return to:**

**Mail:**  
**Student Disability Resources and Services**  
**Texas A&M University-Commerce**  
**P.O. Box 3011, Commerce, TX 75429**

**Fax:**  
**(903) 468-8148**

**Email:**  
**[StudentDisabilityServices@tamuc.edu](mailto:StudentDisabilityServices@tamuc.edu)**