Attention-Deficit/Hyperactivity Disorder (ADHD) Documentation Instructions and Form
Updated December, 2015

Student Instructions and Information:

- Students must submit current documentation to Accessibility Services.
  - Current documentation is defined as:
    - Documentation that reflects data collected within three years at the time of request for services.
    - It is at the Accessibility Services counselor’s discretion to make appropriate exceptions to this policy and/or to request a reevaluation and more recent documentation in order to establish the most appropriate accommodations.
- A qualified provider (medical doctor, psychologist, or psychiatrist) must provide the documentation. Students may obtain an ADHD evaluation (at the student’s expense) from one of the following resources:
  - A qualified private practice evaluator. The remaining sections of this document must be completed by the evaluator as indicated. In place of this form, a letter may be provided including all of the requested information. Any letters must be on letterhead from the evaluator’s practice. Any documentation must include the evaluator’s signature and credentials. The behavior checklists (to be completed by third parties who know the student), located at the end of this document, must be included.
  - The Regents Center for Learning Disorders (RCLD) – An Accessibility Services counselor will provide the referral and explain the process and expense. Please call 678-839-6428 to schedule an appointment with Accessibility Services to discuss a referral.
  - The UWG Comprehensive Community Clinic – Students may call 678-839-6145 or go to http://www.westga.edu/coe/index_1357.php for more information and to schedule an appointment. There is a fee for this evaluation.
- Students are asked to provide documentation prior to the intake meeting if at all possible. It is during the intake meeting that appropriate accommodations, and the process for using the accommodations, will be discussed. Students will be expected to provide a self-report of ADHD history and symptoms during the intake meeting to corroborate the provided documentation.
- Documentation can be submitted in person or by mail to the UWG Counseling Center, 123 Row Hall, Carrollton, GA 30118, by fax to 678-839-6429, or by email to counseling@westga.edu.
To be Completed by Student:

Name (Last, First, Middle): _____________________________________________________________

Date of Birth: ___________________ UWG ID Number: 917______________________________

Cell Phone: ______________________ Alternate Phone: ________________________________

Home Address: _______________________________________________________________________

________________________________________________________________________________

Email Address: ____________________________________________________________________

Status (Check One): ____Current Student ____ Transfer Student ____ Prospective Student

To be Completed by Provider:

The Office of Accessibility Services establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services. Please see Appendices D-H of the USGBOR Academic and Student Affairs Handbook for more information.

Please check the appropriate DSM-5 diagnosis:

☐ 314.00 Attention-deficit/hyperactivity disorder, Predominantly inattentive presentation
☐ 314.01 Attention-deficit/hyperactivity disorder, Predominantly hyperactive/impulsive presentation
☐ 314.01 Attention-deficit/hyperactivity disorder, Combined presentation

Date of diagnosis: __________________________________________________________________

Please provide the diagnostic criteria and methodology used to diagnose ADHD.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please list any medications the student is taking for ADHD, as well as any side effects if applicable.

__________________________________________________________________________________

__________________________________________________________________________________
Please check all of the following DSM-5 ADHD symptoms the student is currently exhibiting.

**Inattention:**
- Failure to give close attention to detail and making careless decisions
- Difficulty in following instructions and failing to complete tasks
- Difficulty sustaining attention during activities and easily distracted
- Often distracted by extraneous stimuli
- Forgetfulness in daily activities
- Avoidance of activities that demand sustained mental effort
- Often does not listen when spoken directly to
- Difficulty in organizing tasks and activities
- Often loses things necessary for daily activities

**Hyperactivity:**
- Often fidgets with hands or feet or squirms in seat
- Feelings of restlessness
- Is often “on the go” or often acts as if “driven by a motor”
- Often has difficulty playing or engaging in leisure activities quietly
- Often talks excessively
- Often leaves seat in situations in which remaining seated is expected

**Impulsivity:**
- Often blurts our answers before questions have been completed
- Often interrupts or intrudes on others
- Often has difficulty awaiting turn

Please describe how symptoms are present in at least two settings (i.e. school, social, and/or occupational).

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please check all of the following as appropriate to describe the student’s academic/social functional limitations. By checking you are indicating that the student **often** experiences this limitation.

- Easily frustrated
- Acts without thinking about consequences
- Acts in ways others see as inappropriate
- Has difficulty following instructions and taking direction
- Unable to pay attention for long periods of time
- Fails to meet deadlines and due dates
- Has angry and/or negative thoughts
- Overreacts emotionally
- Makes careless errors
- Procrastinates
- Easily excited by activities and surroundings
☐ Struggles with time management
☐ Disorganized in completing tasks and loses materials needed to complete tasks
☐ Hyper-focused on certain activities
☐ Has trouble interacting with others
☐ Other

☐ Other

☐ Other

Please provide any additional information/context as appropriate concerning the functional limitations.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide any recommendations to address the indicated functional limitations.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please attach any psychological and/or educational reports that support the diagnosis and complete the following information:

Provider Name:____________________________________________________

Title:_________________________________________________________________________

License #:________________________________________________________

Practice Name and Address:__________________________________________

__________________________________________________________________________________________

Phone:_______________________________ Fax:_______________________________

Email:

Provider Signature (REQUIRED):____________________________________________

Date of Signature:_________________________________________________________
### ADHD Behavior Checklist

**Recent Behaviors: Present in the Past Six Months**

**Attention Student:** This form is to be completed and signed by an individual in your life (friend, family member, teacher, etc.) who can attest to your behaviors. **This form is to be completed by a DIFFERENT person than the one who completes the checklist concerning your childhood behaviors.**

Student’s Name:____________________________________________________________________________

**Frequency Code:** 0 = Never or Rarely, 1 = Occasionally, 2 = Often, 3 = Very Often

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to give close attention to detail and making careless decisions</td>
<td>0</td>
</tr>
<tr>
<td>Difficulty in following instructions and failing to complete tasks</td>
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<td>Often distracted by extraneous stimuli</td>
<td>0</td>
</tr>
<tr>
<td>Forgetfulness in daily activities</td>
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<td>Avoidance of activities that demand sustained mental effort</td>
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<tr>
<td>Feelings of restlessness</td>
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<td>0</td>
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Printed Name of Individual Completing Form:____________________________________________________________________________

Signature of Individual Completing Form:_______________________________________________________

Relationship to Student:______________________________________________________________________

Date:_____________________________________________________________________________________
**ADHD Behavior Checklist**  
**Childhood Behaviors: Present Ages 5-12**

**Attention Student:** This form is to be completed and signed by an individual in your life (friend, family member, teacher, etc.) who can attest to your behaviors. **This form is to be completed by a DIFFERENT person than the one who completes the checklist concerning your recent behaviors.**

Student’s Name:____________________________________________________________________________

**Frequency Code:**  0 = Never or Rarely,  1 = Occasionally,  2 = Often,  3 = Very Often

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