UNIVERSITY OF WEST GEORGIA

Attention-Deficit/Hyperactivity Disorder (ADHD) Documentation Instructions and Form

Updated July 2026

Student Instructions and Information:

- Students must submit **current** documentation to the Office of Accessibility and Testing 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 and Testing Specialist'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 and Testing Specialist will provide the referral and explain the process and expense. Please call 678-839-2328 to schedule an appointment with Accessibility Services to discuss a referral.
- Students are encouraged 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.
- For timely review of application, documentation must be submitted by the student requesting services via our Accommodations Request Application located on our website. our Accommodations Request Application located on our website. If you have any questions regarding this process, please email accessibility-services@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 and Testing 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 <u>often</u> 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

Failure to give close attention to detail and making careless decisions	0	1	2	3
Difficulty in following instructions and failing to complete tasks	0	1	2	3
Difficulty sustaining attention during activities and easily distracted	0	1	2	3
Often distracted by extraneous stimuli	0	1	2	3
Forgetfulness in daily activities	0	1	2	3
Avoidance of activities that demand sustained mental effort	0	1	2	3
Often does not listen when spoken directly to	0	1	2	3
Difficulty in organizing tasks and activities	0	1	2	3
Often loses things necessary for daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Feelings of restlessness	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Often talks excessively	0	1	2	3
Often leaves seat in situations in which remaining seated is expected	0	1	2	3
Often blurts our answers before questions have been completed	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3

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

Failure to give close attention to detail and making careless decisions	0	1	2	3
Difficulty in following instructions and failing to complete tasks	0	1	2	3
Difficulty sustaining attention during activities and easily distracted	0	1	2	3
Often distracted by extraneous stimuli	0	1	2	3
Forgetfulness in daily activities	0	1	2	3
Avoidance of activities that demand sustained mental effort	0	1	2	3
Often does not listen when spoken directly to	0	1	2	3
Difficulty in organizing tasks and activities	0	1	2	3
Often loses things necessary for daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Feelings of restlessness	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Often talks excessively	0	1	2	3
Often leaves seat in situations in which remaining seated is expected	0	1	2	3
Often blurts our answers before questions have been completed	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3

Printed Name of Individual Completing Form:_____

Signature of Individual Completing Form:_____

Relationship to Student:_____

Date:_____