

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

Updated April, 2017

### 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.
- 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](mailto: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 out 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**

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 out 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 out 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: \_\_\_\_\_