



Specific Guidelines for ADHD

The Center for Disability Services (CDS) provides academic services and accommodations for students with diagnosed disabilities. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In order to receive academic accommodations, the student must submit comprehensive documentation describing the current functional limitations that impact the student in an academic setting. Documentation serves as the basis for decision-making about a student's needs for accommodations in a challenging and competitive academic environment.

Documentation of a high quality is relevant, useful, and thorough. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

GENERAL GUIDELINES FOR PROVIDING DOCUMENTATION

- Documentation is provided by a licensed or otherwise properly credentialed professional who has appropriate and comprehensive training, relevant experience, and no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).
- Documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. The documentation should include the diagnostic criteria, evaluation methods, procedures, tests dates of administration, as well as a clinical narrative, observation, and specific results. Diagnostic tests should be based on adult norms.
- Documentation should be relatively recent in order to provide an accurate description of current functioning. Because some conditions are permanent or non-varying, guidelines will differ from case to case. Contact the Center for Disability Services at 334-244-3631 to speak with a CDS staff member to determine how current the documentation should be for your particular situation.
- Documentation should address the major life activities (i.e., caring for oneself, performing manual tasks, seeing, hearing, learning, walking, reading, concentrating, thinking etc.) affected by the disability and how those functional limitations impact the student in an academic setting. Documentation that does not address an individual's current level of functioning or need for accommodation(s) may warrant the need for a new evaluation.

In lieu of the attached form, other types of documentation may be sent that thoroughly address the questions below. Failure to address the following questions could delay the accommodation process.

Specific Guidelines for ADHD

Student Name (First, Middle, Last): _____

Date of Birth: _____ AUM Email: _____@aum.edu

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

To Be Completed by the Health Care Professional

1. DSM-V Diagnosis

- 314.00 AD/HD Predominantly inattentive presentation
- 314.01 AD/HD Predominantly hyperactive-impulsive presentation
- 314.01 AD/HD Combined presentation

2. Date of diagnosis: _____

3. Age of student when diagnosed: _____

4. Last contact with the student: _____

5. In addition to the DSM-V, how did you arrive at your diagnosis?

- Behavioral Observations
- Developmental History
- Rating Scales (Attach Scales)
- Medical History
- Clinical Interview with the Student
- Interviews with Others
 - Student Parents Teachers Other _____
- Psycho-Educational Testing (Attach Testing)
- Other _____

6. Severity of the disability: Negligible Moderate Severe

7. **ADHD History:** Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student, parent, and/or teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.).

8. **Psychosocial History:** Provide relevant information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

9. **Pharmacological History:** Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past.

10. List current medications(s), impact, and adverse side effects.

11. Educational History: Provide a history of the use of any educational accommodations and services related to this disability.

12. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-V that the student currently exhibits:

Inattention	
<input type="checkbox"/>	Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities.
<input type="checkbox"/>	Often has difficulty sustaining attention in task or play activities.
<input type="checkbox"/>	Often does not seem to listen when spoken to directly.
<input type="checkbox"/>	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 instructions).
<input type="checkbox"/>	Often has difficulty organizing tasks and activities.
<input type="checkbox"/>	Often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
<input type="checkbox"/>	Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.).
<input type="checkbox"/>	Is often easily distracted by extraneous stimuli.
<input type="checkbox"/>	Often forgetful in daily activities.

Hyperactivity	
<input type="checkbox"/>	Often fidgets with hands or squirms in seat.
<input type="checkbox"/>	Often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
<input type="checkbox"/>	Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness).
<input type="checkbox"/>	Often has difficulty playing or engaging in leisure activities that are more sedate.
<input type="checkbox"/>	Is often "on the go" or often acts as if "driven by a motor".
<input type="checkbox"/>	Often talks excessively.

Impulsivity	
<input type="checkbox"/>	Often blurts out answers before questions have been completed.
<input type="checkbox"/>	Often has difficulty awaiting turn.
<input type="checkbox"/>	Often interrupts or intrudes on others (e.g. butts into conversations or games).

13. Major Life Activities Assessment: Please review major life activities listed below and indicate the severity the impairment(s) places on each activity.

Life Activity	Negligible	Moderate	Substantial	Unknown
Writing *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***A Full Psycho-Educational Battery will be needed (see Learning Disability Guidelines)**

14. Describe the student's functional limitations based on the ADHD diagnosis, specifically in a classroom or educational setting.

15. If accommodations are recommended, provide a rationale as to why these accommodations are warranted based upon the student's functional limitations. For example, if a note taker is suggested, state the reasons for this request related to the student's functional limitation(s).

Healthcare Provider Information

Name: _____ Specialty: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____ License or Certification #: _____

With my signature, I certify that the above information is true and documented as part of the patient's medical record.

Provider Signature: _____ Date: _____

This form or other submitted documentation may be released to the student at his or her request.

Please mail or fax this form or other documentation to:

AUM
Center for Disability Services
Auburn University at Montgomery
PO Box 244023
Montgomery, AL 36124-4023

Phone: 334-244-3631
Fax: 334-244-3907