

**Guidelines for the Documentation of Attention Deficit/Hyperactivity Disorder{AD/HD}
in Adolescents and Adults**

Please return to: Monica Kersting, Director, Counseling & Disability Services

VERIFICATION FORM

Concordia College Disability Services provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to receive academic accommodations, the documentation needs to show functional limitations that will impact an individual in an academic setting.

Disability Services requires current comprehensive documentation of ADHD in order to determine appropriate services and accommodations based on functional limitations that may impact the student in the academic setting. The outline listed below has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining the specific and necessary information to evaluate requests for academic assistance based on the AD/HD diagnosis.

All parts of the form must be completed as thoroughly as possible. Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to the questions on the form must be legible. It is recommended that answers to the form be *typed*; illegible handwriting will delay the eligibility review process since the provider will be contacted for clarification. This form is available as a document by going to the Concordia College web site at www.cord.edu and going to the Counseling Center Disability Services page.

The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. These persons are generally trained, certified and/or licensed psychologists and/or members of a medical specialty (e.g. psychiatrist, neuropsychologist).

The provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). *If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that discusses the results.*

STUDENT INFORMATION

(Please Print Legibly or Type)

Name (Last, First, Middle): _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Status (check one): current student transfer student prospective student

Local address (street, city, state and zip code): _____

Local phone: (____) - ____ - _____ Cell phone: (____) - ____ - _____

Home Address (street, city, state and zip code): _____

E-mail address: _____

DIAGNOSTIC INFORMATION

(Please Print Legibly or Type)

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. DSM-IV diagnosis:

- 314.00
- Predominantly Inattentive
- Predominantly Hyperactive-Impulsive
- 314.01 Combined type
- 314.9 Not otherwise specified

2. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Neuropsychological testing (dates of testing) _____
*(Please attach diagnostic report of testing)

Other (Please specify) _____

3. Please state date of diagnosis: _____

4. What is the severity of the condition? Please check one:
 mild moderate severe

Explain severity: _____

State the following:

a. date of first contact with student: _____

b. date of last contact with student: _____

5. Student's History:

a) **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/parents/and 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.)

b) **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.).

- c) **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. Also include any *current medication(s)* that the student is currently prescribed including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

- d) **Educational History:** Provide a history of the use of any educational accommodations and services related to this disability.

6. Student's Current Specific Symptoms:

Please provide specific information about the academic limitations and severity of symptoms based on **NO IMPACT, MODERATE IMPACT, SEVERE IMPACT, DON'T KNOW.**

Limitations	No Impact	Moderate Impact	Severe Impact	Don't Know	Notes
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activation/initiating to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sustained focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing internal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing external directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyperfocusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specific academic topics	<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"/>	

7. State the student's *functional limitations* based on the ADHD diagnosis, specifically in a classroom or educational setting.
{Definition of "functional limitation": A disability must limit functioning in school before one can receive an accommodation. Disability Services refers to the affect of a disability on program access as a functional limitation. A disability, in and of itself, does not necessarily require accommodation. There must be a logical link between the functional limitation stemming from the disability and the accommodation requested.}

8. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).

9. If current treatments (e.g. medications, counseling, etc.) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

PROVIDER INFORMATION
(Please sign and complete fully in Print or Type)

Provider Signature: _____ **Date:** _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number: (____) - ____ - _____

FAX Number: (____) - ____ - _____

Email Address: _____

Return form in its entirety to the above address to the attention of:
Monica Kersting, Psy.S., NCSP