



Attention-Deficit/Hyperactivity Disorder Documentation Form Disability Services for Students

This information submitted to Disability Resources should reflect the most currently available information. **This ADHD Documentation Form should:**

- a) **Be completed by a qualified professional.**
- b) **Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting will require additional follow up.
- c) **Be supplemented with reports, which may include psycho-educational or neuropsychological reports, if appropriate.** Please do not provide case notes or rating scales without a narrative that explains the results.

COVID-19 Update: While the university is minimizing in-person interactions and activities, Disability Resources is recommending that documentation and request forms NOT be sent by mail or fax since staff access to these communication mediums may be limited.

For any questions, contact our office at (956) 326-3086. Fax (956) 326-2231

Submit Information Electronically to:
disabilityservices@tamiu.edu



Date: _____

Student Name: _____ DOB: _____
Last First M.I.

1. Date of first contact with this student: _____

Date of last contact with this student: _____

2. Disability:

- ____ ADHD Predominately Inattentive
- ____ ADHD Predominately Hyperactive-Impulsive
- ____ ADHD Combined Presentation
- ____ ADHD Unspecified Presentation

Severity: 1 = Mild 2 = Moderate 3 = Severe

3. How did you arrive at the diagnosis? Please check all that apply.

- ____ Clinical Interview (Structured or Unstructured)
- ____ Psychoeducational Evaluation (Dates of testing: _____)
- ____ Neuropsychological Testing (Dates of testing: _____)
- ____ Other – Please specify: _____

4. Rate the *level of impact* you believe the student experiences in the college environment.

0 = No impact 1 = Mild 2 = Moderate 3 = Severe

- | | |
|-----------------------------|------------------------------|
| ____ Sitting | ____ Interacting with Others |
| ____ Working | ____ Sleeping |
| ____ Reading | ____ Processing Speed |
| ____ Writing | ____ Memorizing |
| ____ Spelling | ____ Concentrating |
| ____ Quantitative Reasoning | ____ Listening |
| ____ Math Calculating | ____ Other: _____ |



5. Please *check all that apply* to this student:

Inattention:

___ often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities

___ often has difficulty sustaining attention in tasks or play activities

___ often does not seem to listen when spoken to directly

___ 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)

___ often has difficulty organizing tasks and activities

___ often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that requires sustained mental effort

___ often loses things necessary for tasks and activities (e.g., school assignments, pencils, books, etc.)

___ is often easily distracted by extraneous stimuli

___ often forgetful in daily activities

Hyperactivity:

___ often fidgets with hands or feet or squirms in seat

___ often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected

___ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

___ often has difficulty playing or engaging in leisure activities that are more sedate

___ is often “on the go” or often acts as if “driven by a motor”

___ often talks excessively



Impulsivity:

___ often blurts out answers before questions have been completed

___ often has difficulty waiting turn

___ often interrupts or intrudes on others (e.g., butts into conversations or games)

6. Are there *other ways the student might be impacted* academically?

7. Describe any *other disabilities* and their impact.

8. Discuss any *side effects related to treatment or medications* that may be relevant to identifying accommodations.

9. Please state any *recommended academic accommodations* with rationale.



Provider Information

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____ State: _____

Address: _____

Phone: _____ FAX: _____

Submit information electronically to:
disabilityservices@tamiu.edu