ATTENTION-DEFICIT/HYPERACTIVITY DISORDERS

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of their disability. This documentation should provide information regarding the onset and severity of disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADAAA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and that it substantially limits some major life activity, including learning. The documentation must show how the disability impacts the major life activity of learning and if you are requesting accommodations, academic adjustment and/or auxiliary aids, the documentation must support your request.

The student named below has applied for services from the Disability Services (DS) Office at UWGB. In order to provide reasonable and appropriate services for students with ADHD, current and comprehensive information documenting the functional impact of the disability is required. This form is intended to assist clinicians in providing sufficient information so that eligibility for services can be determined. The information you provide will not become part of the student’s educational records and will be kept in the student’s confidential file at DS Office. In addition to the requested information, please attach any additional information; for example, your report and any test results. Thank you for your assistance.

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Student name: ___________________________ Date: ___________________________

Please 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.

1. DSM-V diagnosis

☐ Predominantly Inattentive
☐ Predominantly Hyperactive-Impulsive
☐ Combined type
☐ Not otherwise specified

2. In addition to the DSM-V 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. Date of diagnosis: __________________________________________________________

4. Severity of the ADD/ADHD (check one): ☐ mild ☐ moderate ☐ substantial
   Describe the severity checked above:

5. State the following:
   a. Date of first contact with student: ____________________________
   b. Date of last contact with student: ____________________________

6. Student’s History:
   a. ADD/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 often, 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's 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.

7. **Student’s Current Specific Symptoms:**
   Please check all ADD/ADHD symptoms listed in the DSM IV that the student currently exhibits:

**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 require sustained mental effort
- ☐ often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- ☐ 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
- ☐ 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 awaiting turn
- ☐ often interrupts or intrudes on others (e.g. butts into conversations or games)
8. Major Life Activities Assessment:
A student must have a substantial limitation in a major life activity to receive accommodations at the post-secondary level.

Please check which of the following major life activities listed below are affected because of the impairment. Please indicate severity of limitations.

<table>
<thead>
<tr>
<th>Life Activity</th>
<th>Negligible</th>
<th>Moderate</th>
<th>Substantial</th>
<th>Not Applicable</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>Working</td>
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<td>Interacting with Others</td>
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<td>Sleeping</td>
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<td>Learning:</td>
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<tr>
<td>- Reading</td>
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<td>- Writing/Spelling</td>
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<td>- Calculating</td>
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<td>- Listening</td>
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<td>- Thinking</td>
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<td>- Concentrating</td>
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<td>- Memorizing</td>
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<td>Other:</td>
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<td>Other:</td>
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9. Describe the functional limitations and/or behavioral manifestations (e.g. easily distracted, poor concentration, difficulty focusing for extended period of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panics in unfamiliar surroundings and situations, etc.) and recommendations you have for accommodating the limitation in an academic setting.

<table>
<thead>
<tr>
<th>Behavioral manifestation/functional limitation</th>
<th>Recommendations</th>
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<td>4.</td>
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<td>5.</td>
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10. State a rationale as to why each of the above accommodations/services are warranted based upon the student's functional limitations. Indicate why each accommodation is necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).
11. 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.

12. Is there anything else you would like us to know about this student?

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**PROVIDER INFORMATION**

(Please sign and complete fully in Print or Type)

Signature: ___________________________ Date: ________________

Print Name and Title: ____________________________________________

License or Certification #: _______________________________________

Office Address (street, city, state and zip code):

________________________________________

________________________________________

________________________________________

Office phone: (_____)-_____ -___________

FAX Number: (_____)-_____ -___________

Email: __________________________________

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**Return to:**

UW – Green Bay
Disability Services
2420 Nicolet Dr., SS1700
Green Bay, WI 54311

Fax: (920) 465-2191
Email: dis@uwgb.edu