

**ELIZABETHTOWN COLLEGE**

Disability Services

**Attention Deficit Hyperactivity Disorder (ADHD)**

**Documentation Form**

**Consent for Release of Information**

This form is to be completed by a qualified professional, who should not be a relative of the student, only if the student has a documented disability that requires special accommodations. Please complete the following information to assist Elizabethtown College in determining the student’s need for academicadjustments, auxiliary aids, and services. The information you provide will become a part of your patient’s Disability Services file and may be utilized by Disability Services in accommodating your patient’s needs.

**Consent for Release of Information**: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give

Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to provide the information requested

Provider

below to the Director of Disability Services. I understand the information to be released includes any confidential information to further understanding of the request for academic accommodations, up to and including medical and psychological information and records. This information is used for the purpose of determining reasonable accommodations while in attendance at Elizabethtown College.

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Student Signature Date

***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of the Attention Deficit/Hyperactivity Disorder Documentation Form below.***

**Please respond to the following items regarding the student named above (please print)**

1. What is the student’s DSM-IV TR diagnosis?

* 314.00 Predominantly Inattentive Type
* 314.01 Predominantly Hyperactive-Impulsive Type
* 314.01 Combined Type
* 314.9 Not Otherwise Specified

1. In addition to DSM-IV TR 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of diagnosis: (*Please attach diagnostic reports of testing and clinical interviews).*

Date of first contact with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last contact with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Student’s History: (If space is inadequate, please attach a separate sheet of paper)
   * 1. Developmental 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, and other developmental history if relevant. **Indicate the ADHD symptoms that were present during early school years** (e.g., spoke out of turn, unable to sit still, difficulty following directions).

b. Psychosocial History: Provide relevant information obtained from the student/parents regarding the student’s psychosocial history (e.g. often engaged in verbal or physical confrontation, history of educational difficulties, history of risk-taking, history of impulsive behavior, social inappropriateness).

c. Pharmacological History: Provide relevant pharmacological history including an explanation of the **extent to which the medication has mitigated symptoms of the disorder in the past**. Also include any current medication that the student is currently prescribed including dosage, frequency of use, adverse side effects and **effectiveness**.

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

1. Student’s Current Specific Symptoms: Please check all 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 school work, work, or other activities
  + Often has difficulty sustaining attention in tasks or recreational 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 (school assignments, pens, tools)
  + 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 other situations in which remaining seated is expected
* Feelings of restlessness
* Often has difficulty engaging in leisure activities that are more sedate
* Is often “on the go” of 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

1. Summarize and interpret results of psycho-educational battery and objective measures of attention, as specified in The ADHD documentation guidelines (If space is inadequate, please attach a separate sheet of paper).
2. Describe the differential diagnosis process that resulted in the diagnosis of ADHD for this student. What conditions were ruled out?
3. State the student’s functional limitations based on the ADHD diagnosis, specifically in a classroom setting or educational setting.
4. Please provide specific recommendations regarding academic accommodations for this student and a rationale as to why these accommodations/services are reasonable (e.g. if a note taker is suggested, state the reasons for this request related to the functional limitations).
5. Are there any co-existing disorders or conditions, educational or cultural factors impacting the individual which may impact functioning or confound the diagnosis of an attention disorder? If so, explain.

**Provider Information**

Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License or Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please provide a statement describing your professional training in the assessment of ADHD.**

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