

Student Name: _____
Student ID: _____
Student Phone: _____

**Policy on Documentation for
Attention Deficit Hyperactivity Disorder (ADHD)
& Attention Deficit Disorder (ADD)**

In order to request accommodations and receive services, the student must have a clear diagnosis of ADHD or ADD. It is the student's responsibility to secure documentation.

ADHD and ADD are medical or clinical diagnoses. Individuals qualified to render a diagnosis for these disorders are practitioners trained in the assessment of ADHD and/or ADD and are experienced in assessing the needs of adult learners. Qualified practitioners include: developmental pediatricians, neurologists, psychiatrists, licensed clinical or educational psychologists, family physicians or a combination of such professional.

The documentation should include, but is not limited to, the following:

1. A clear statement of ADHD or ADD with the DSM-IV diagnosis and a description of supporting symptoms.
2. Current documentation (within four years) is required.
3. A summary of assessment procedures and evaluation instruments used to make the diagnosis.
4. A narrative summary, including all scores, which support the diagnosis.
5. Pertinent medication information (e.g., the impact of medication on the student's ability to meet the demands of the postsecondary environment).
6. Suggestions of reasonable accommodations which might be appropriate at the post-secondary level are encouraged. These recommendations should be supported by the diagnosis.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. *DSM- IV: Diagnostic and statistical Manual of Mental Disorders, Fourth Edition. DSM-IV diagnosis required for any diagnosis made beginning January 1, 1996.

DISABILITY VERIFICATION FOR ATTENTION DEFICIT DISORDER

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments are necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

RELEASE OF INFORMATION

I, _____, hereby authorize the release of the following information to the **(Print Name)** Office of Disability Services at Brazosport College for the purpose of determining my eligibility for educational accommodation.

Date

Student Signature

Diagnostic Code (ICD or DSM-IV): _____

Level of Severity: _____

Date of Diagnosis: _____

Date of last visit: _____

Please check off the appropriate criteria for AD/HD

A. Either 1 or 2

1. Inattention

- a) often fails to give close attention to details or makes careless mistakes
- b) often has difficulty sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish tasks
(not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- g) often loses things necessary for tasks or activities
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

2. Hyperactivity-Impulsivity

- a) often fidgets with hands or squirms in seat
- b) often leaves seat in situations in which remaining seated is expected
- c) often runs about or climbs excessively in situation in which it is inappropriate
(in adults, may be limited to subjective feelings of restlessness)
- d) often has difficulty engaging in leisure activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively
- g) often blurts out answers before questions have been completed
- h) often has difficulty awaiting turn
- i) often interrupts or intrudes on others

- B. ____ Some hyperactivity-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. ____ Some impairment from the symptoms is present in two or more settings.
- D. ____ There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.
- E. ____ The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Bipolar or other Psychotic Disorder and are not better accounted for by another mental disorder.

Was medication prescribed? **Yes** ___ **No** ___

If yes, what? _____

Dosage of administration: _____

Response to medication: _____

Is there any indication that this student may have an additional diagnosis such as depression, anxiety, etc.? **Yes** ___ **No** ___.

If yes, was any type of therapy recommended?

Please include and attach any information you may have on learning disability testing, intellectual functioning and/or academic problems which you feel we should know in order to help this student.

Thank you for your help in providing this information so that we may begin providing services as soon as possible.

<u>Certifying Professional*</u>			
Printed Name:	License Number:		
_____	_____		
	(Please Print)		
Address:			
_____	_____	_____	_____
Street	City	State	Zip
Phone	Fax		
() - _____	() - _____		
Date _____	Signature _____		

** Qualified diagnosing professionals include, but are not limited to, licensed psychologists, psychiatrists and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder of condition and follow established practices in the field.*

All documentation is confidential and should be submitted to Phil Robertson in Counseling & Testing:

Office of Disability Services • 500 College Dr. • Lake Jackson, TX 77566

979-230-3236 • 979-230-3112 Fax • phil.robertson@brazosport.edu

Web Site: <http://www.brazosport.edu/disabilityservices>