



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

Attention-Deficit/Hyperactivity Disorder Documentation Form

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student's request and to assist Student Disability Services (SDS) in developing an appropriate accommodation plan together with the student.

The information submitted to SDS should reflect the most currently available information. **This ADHD Documentation Form should be:**

- a) **Completed by a qualified professional.** The diagnosing professional may not be related to the student.
- b) **Completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting may require additional follow up that could delay the review process.
- c) **Supplemented with any evaluative reports that may provide a more complete understanding of the student's accommodation needs.** Evaluative reports may include comprehensive diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results; and
- d) **Submitted to Student Disability Services.** All documentation will be held strictly confidential as a student record.

**Please mail, email, or fax information to
Student Disability Services at:**

915 Volunteer Blvd. /100 Dunford Hall
Knoxville, TN 37996-4020
Email: sds@utk.edu
Fax: (865) 974-9552

Student Disability Services
915 Volunteer Blvd/100 Dunford Hall, Knoxville, TN 37996-4020
865-974-6087 (p) 865-974-9552 (f) 865-622-6566 (vrs)
sds.utk.edu

Date: _____

Student Name: _____ Birthdate: _____

1. Date of first contact with this individual: _____
Date of last contact with this individual: _____

2. DSM-V Diagnosis:
- ___ 314.00 ADHD Predominately Inattentive
 - ___ 314.01 ADHD Predominately Hyperactive-Impulsive
 - ___ 314.01 ADHD Combined Presentation

3. How did you arrive at your diagnosis? Please check all that apply.
- ___ Behavioral Observations
 - ___ Developmental History
 - ___ Educational History
 - ___ Medical History
 - ___ Clinical Interview (Structured or Unstructured)
 - ___ Interviews with Others
 - ___ Rating Scales (Please specify types: _____)
 - ___ Neuropsychological or Psychoeducational Testing (Dates of testing: _____)

4. Rate the level of functional limitation you believe your patient experiences, or will experience, ***in the college environment.***

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

- Life Activities:**
- ___ Caring for oneself
 - ___ Talking
 - ___ Hearing
 - ___ Breathing
 - ___ Seeing
 - ___ Walking/Standing
 - ___ Lifting/Carrying
 - ___ Sitting
 - ___ Performing Manual Tasks
 - ___ Eating
 - ___ Working
 - ___ Interacting with Others
 - ___ Sleeping

- Learning Skills:**
- ___ Reading
 - ___ Writing
 - ___ Spelling
 - ___ Quantitative Reasoning
 - ___ Math Calculating
 - ___ Processing Speed
 - ___ Memorizing
 - ___ Concentrating
 - ___ Listening

5. Please check all ADHD symptoms that the student currently exhibits. (Checklist from *Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5)*):

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., into conversations or games)

6. Are there **other specific symptoms** that might affect the student's academic performance?

7. Identify any **other current disabilities** that have been diagnosed.

8. Describe any **currently prescribed medication**, including dosage, side effects, and effectiveness.

9. Share any **specific** recommendations regarding academic accommodations appropriate in a post-secondary environment for this student. Include a **rationale** relevant to this student's functional limitations.

Healthcare Provider Information

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____

Address: _____

Phone: _____ FAX: _____