

## Documentation Form for ADHD

This information submitted to Accessibility Services 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 may require additional follow up.
- c) **Be supplemented with reports which may include psycho-educational or neuropsychological reports, if applicable.** Please do not provide case notes or rating scales without a narrative that explains the results.

Submit Information to:

Office of Accessibility Services

Glendening Hall 230  
St. Mary's College of Maryland  
47645 College Drive  
St. Mary's City, MD 20686

FAX: 240-895-2234  
PHONE: 240-895-4388

SMCM Student Name:

SMCM Student ID:

Date form is being completed:

1. Clinician's date of first contact with this student:

2. Clinician's date of last contact with this student:

3. Classification of ADHD:

ADHD Predominately Inattentive

ADHD Predominately Hyperactive-Impulsive

ADHD Combined Presentation

ADHD Unspecified Presentation

4. Severity:      Mild                      Moderate                      Severe

5. 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:

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

7. 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)

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

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

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

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

12. Describe the **strategies and supports that have successfully worked** to address any limitations and why.

### Provider Information

ProviderName (Print):

Provider Signature:

License or Certification #:

Address:

Phone:

FAX: