

Documentation Form for ADHD

The information submitted to the Office of Accessibility Services should reflect the most current available information. This ADHD Documentation Form should:

- a) **Be completed by a qualified professional.**
- b) **Be completed as clearly and thoroughly as possible.** Incomplete or illegible responses may require further follow-up.
- c) **Be supplemented by relevant supporting documentation, such as psycho-educational or neuropsychological reports, if applicable.** Please avoid submitting case notes or rating scales without an accompanying narrative that explains the findings.

Submit information to:

Office of Accessibility Services

Glendening Hall 253 & 254
St. Mary's College of Maryland
47645 College Drive
St. Mary's City, MD, 20686

Fax: 240-895-2234
Phone: 240-895-2250
Email: adasupport@smcm.edu

SMCM Student Name:

SMCM Student ID:

Date form is being completed:

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

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

3. Classification of ADHD:

ADHD Predominantly Inattentive

ADHD Predominantly Hyperactive-Impulsive

ADHD Combined Presentation

ADHD Unspecified Presentation

4. Severity: Mild Moderate Severe

5. How did you arrive at the diagnosis? 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 experience 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 on 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 and activities (e.g., school assignments, pencils, books).

Often is easily distracted by extraneous stimuli.

Often forgetful in daily activities

Hyperactivity:

Often fidgets with hands or feet or squirms in seat.

Often leaves (or feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.

Often experiences feelings of restlessness.

Often has difficulty playing or engaging in leisure activities that are more sedate.

Is often "on the go".

Often talks excessively.

Impulsivity:

Often blurts out answers before questions have been completed.

Often has difficulty waiting in turn.

Often interrupts or intrudes on others.

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

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

10. Describe any **side effects related to treatment or medication** that may be relevant when identifying accommodations

11. Describe any **recommended academic accommodations** and provide rationale.

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

Provider information

Provider name (please print):

Provider signature:

License or Certification #:

Address:

Phone:

Fax: