OFFICE OF DISABILITY SUPPORT SERVICES
240 Academy Street, Alison Hall Suite 130
Newark, Delaware 19716

Documentation of Attention Deficit Hyperactivity Disorder (ADHD)

The student named below has applied for accommodations. Documentation is necessary to establish a disability and support the request for accommodations or auxiliary aids. Appropriate documentation must be performed by a professional within the field of the disability and be based on diagnostic methods congruent with the disability and current professional practices. These documentation guidelines may be found at http://www.udel.edu/DSS/guidelines.html. The evaluation process includes a review of the documentation, the request for accommodations, and the fundamental goals/essential standards of the program, course, service or benefit in question.

All contact information and documentation is considered to be confidential. NO information about accommodations or documentation will be released or discussed without written consent from the individual requesting the accommodation(s). This information is released on discussed on a need-to-know basis under the guidelines of Federal Education Right to Privacy Act (FERPA).

This form may be downloaded, completed and printed or, these questions can be answered in a signed and dated letter on the evaluator’s professional letterhead. PLEASE NOTE: All questions must be answered.

Student’s Name: ___________________________________________________________________

Today’s Date: ______________________________

1. WHAT is the diagnosis/impairment and WHEN was it diagnosed?
   - 314.01 ADHD, Combined Type
   - 314.00 ADHD, Predominantly Inattentive Type
   - 314.01 ADHD, Predominantly Hyperactive-Impulsive Type
   - Other (please specify and explain):_______________________________________________

   Date of evaluation: _____________________

2. Please list behavior rating scales administered and the standard score. These may include Brown ADD Scales, Conners’ Adult ADHD Rating Scales (CAARS), or ADHD IV Rating Scale. Attach a copy of the rating scales to this form.

   Name of Scale: ___________________________
   Standard Scores: _________________________
If relevant, please list any psychoeducational tests administered and their standard scores (These may include tests of cognition/ability and tests of academic achievement):

3. **ADHD Diagnosis based on DSM-5 Criteria:**

**ADHD: Inattentive Type**

- The following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

  - [ ] often fails to give attention to details or 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 fails 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 that require sustained mental effort (such as schoolwork or homework)
  - [ ] often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
  - [ ] is often easily distracted by extraneous stimuli
  - [ ] is often forgetful in daily activities

**ADHD: Hyperactive-Impulsive Type**

- The following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

  - **Hyperactivity**
    - [ ] often fidgets with hands or feet or squirms in seat
    - [ ] often leaves seat in classroom or in other situations in which remaining seating 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 quietly
    - [ ] is often “on the go” or often acts as if “driven by a motor”
    - [ ] often talks excessively

  - **Impulsivity**
    - [ ] often blurts our answers before questions have been completed
    - [ ] often has difficulty waiting turn
    - [ ] often interrupts or intrudes on others (e.g., butts into conversations or games)
Please include any other additional comments or clarifying information about current symptoms:

4. What is the history of the student’s disability? *(Must include age of first symptoms, childhood symptoms, and impact)*

5. What is the family history in relation to the disability?

6. Explain the student’s academic history; including how his/her disability impacted his/her learning throughout schooling.
7. Explain the student's past psychosocial history; including any impact to learning.

8. Explain any medical history that has impacted learning in the past.

9. What is the *current* social, and/or occupational impact of the disability?

10. How does this disability *currently* impact the ability to learn?
11. ADHD is frequently accompanied by other conditions. While you are not required to mention any co-occurring condition(s), we do need to understand how you have determined that the concerns noted are due to ADHD and not to other conditions (e.g., depression, anxiety, learning disabilities, etc.).

Please list any co-occurring diagnoses that were considered, but ruled-out, in your evaluation. If the concerns are a result of an interaction or combination effect, please explain.

12. What are your recommendations for this student based on the diagnostic assessment?

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<th>Licensed Professional:</th>
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<tr>
<td>Signature of Professional</td>
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