



**Documentation of Attention Deficit
Hyperactivity Disorder
Alpha Scholars Program
Abilene Christian University**



The Alpha Scholars Program is responsible for providing students with disabilities equal access to their education. To receive academic accommodations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), students at Abilene Christian University must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by the federal legislation noted above.

Federal law requires that students with disabilities be considered on a case-by-case basis. The following documentation requirements, adapted from documents developed by professionals from various organizations who serve students with Attention Deficit Hyperactivity Disorder (ADHD), are provided in the interest of assuring that documentation of ADHD (1) demonstrates an impact on a major life activity, (2) is appropriate to verify eligibility, and (3) supports the request for academic accommodations. By providing the information outlines below, the evaluator will assist us in being able to serve the student effectively. The ADA Compliance Officer at ACU will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual student.

The documentation must reflect the following:

- A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** The diagnosing professional cannot be related to the student.
- B. **All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers, and/or illegible handwriting may delay the eligibility review process by necessitating follow-up contact for clarification
- C. **The healthcare professional should attach any reports providing additional related information (e.g., psychoeducational testing, neuropsychological test results).** If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results, recommendations, and functional limitations of the subject.
- D. **After completing this form, mail or fax it to the Alpha Scholars Program.** The information you provide will be kept in the student's confidential file in the Alpha Scholars Program. Our address is ACU Box 29204, Abilene, TX 79699. Our fax number is 325-674-6785.

Date: _____

Patient Name: _____ Birthdate: _____

1. Date of first contact with this individual: _____
2. Date of last contact with this individual: _____
3. DSM-IV Diagnosis:
 - 314.00 ADHD, Predominately Inattentive
 - 314.01 ADHD, Predominately Hyperactive-Impulsive
 - 314.01 ADHD, Combined Type
 - 314.90 ADHD, Not otherwise specified
4. Level of severity:
 - Mild
 - Moderate
 - Severe
5. How did you arrive at your diagnosis? Please check all the apply:
 - Behavioral observations
 - Developmental history
 - Educational history
 - Medical history
 - Structured or unstructured conical interview with individual
 - Interviews with other persons
 - Rating scales
 - Neuropsychological testing (dates of testing): _____
 - Other (please specify): _____
6. Functional limitations: Please check the level of limitation you believe your patient experiences in the college environment as a result of his or her disability:
0 = Not a problem 1 = Mild 2 = Moderate 3 = Severe

___ Caring for oneself	___ Talking	___ Hearing
___ Breathing	___ Seeing	___ Walking
___ Lifting/Carrying	___ Sitting	___ Performing manual tasks
___ Eating	___ Social interaction	___ Sleeping

Learning Skills:

___ Reading	___ Writing	___ Reasoning
___ Math Calculation	___ Processing Speed	___ Memorizing
___ Concentrating	___ Listening	___ Other: _____

7. Please check all ADHD symptoms listed in the DSM-IV that the student currently exhibits:

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

10. Please state specific recommendations AND the rationale as to why each recommendation is relevant to the student's functional limitations

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____

Address: _____

Phone: _____

FAX: _____

Please return to:

Alpha Scholars Program
Abilene Christian University
ACU Box 29204
Abilene, TX 79699

or

FAX: 325-674-6785