

Attention Deficit Hyperactivity Disorder Documentation Form

IMPORTANT PLEASE NOTE: This form **cannot be used to document a learning disorder, mental health disorder, or any type of physical condition.** It is only to be used by a **qualified** professional to document ADD/ADHD conditions. For more information on UTSA's documentation guidelines visit <http://www.utsa.edu/disability>

The person whose name appears below has applied for disability services/accommodations with Student Disability Services (SDS) at the University of Texas at San Antonio (UTSA). In order to fully evaluate requests for accommodations or auxiliary aids and to determine eligibility for services, Student Disability Services (SDS) needs documentation of a student's disability. This documentation should include an appropriate evaluation by an appropriately licensed professional who must be experienced in the diagnosis and treatment of adult populations with ADD/ADHD as well as the current impact of the disability as it relates to the accommodation(s) requested and include a description of any and all functional limitations.

You can fax or mail this form to SDS using the contact information at the bottom of each page. Thank you for your time and assistance in this matter.

To be completed by the student:

First Name _____ Last Name _____ Middle Initial _____

UTSA Student ID Number (8 digits) @ _____

Date _____

To be completed by treating professional (please print legibly or type)

1. List DSM and/or ICD Diagnosis (es) with specifiers, (i.e. Predominantly Inattentive, Predominantly Hyperactive-Impulsive, Combined type, not otherwise specified) and a description of specific symptoms the student currently experiences.



Student Disability Services

2. Evaluation (instruments and procedures used to diagnose) i.e. intake evaluation, rating scales with appropriate norms and explanations, behavioral observations, history, etc.

3. Provide a relevant history related to the diagnosis of ADD/ADHD (include date diagnosed and duration of treatment).

4. How does the student's functional limitations related to ADD/ADHD impact their academic functioning in the classroom (i.e. description of impact upon study skills, classroom behavior, test taking and organizing materials would be examples of academic functioning).

5. List any relevant medications and described side-effects of the medication (optional):

6. Do you know if the student has had accommodations for a disability in the past? If so, please describe.



Student Disability Services

7. The following table is essential for determining eligibility for accommodations. In order to qualify, a student usually needs more than one limitation in the moderate range or at least one substantial limitation. Please select a rating that reflects the student's limitation(s) when they are NOT well controlled by medication or other treatment.

Major Life Activity	No Impact	Moderate or Substantial Impact (choose one and describe)	Not sure
Attention Span			
Distractibility			
Memory/Forgetfulness			
Processing Speed			
Multitasking/Completing tasks			
Concentration			
Focus			
Organization			
Attention to Details			
Impulsivity			
Hyperactivity			

Stress			
Sleep			

8. Other: (Please provide any additional symptoms you believe will be useful in determining the nature and severity of the student’s disability, and any additional recommendations that may assist in determining appropriate accommodations and the rational).

Provider Information:

Name and Title: _____

Under Supervision of (if applicable): _____

License # (required) : _____

Address: _____

Phone: _____

Email: _____

Date: _____

Signature: _____