



Center for Students with Disabilities University of Wisconsin Whitewater

UWW CSD AD/HD Disability Assessment Form

Introduction:

The Center for Students with Disabilities provides academic services and accommodations for students with diagnosed disabilities. Students are required to provide documentation that verifies that a diagnosed disorder meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, eligibility for academic accommodations is based on the data in the documentation that clearly demonstrates that a student has one or more functional limitations in the academic setting and that these limitations require accommodation in order to achieve equal access. Accommodations are intended to be outcome neutral. Demonstrating improved performance with an accommodation, in and of itself, is not evidence that a person has a disability.

Documentation Requirements:

Current and comprehensive documentation of an AD/HD diagnosis is required in order to determine appropriate services and accommodations. Because of the challenge of distinguishing typical behaviors and developmental patterns of adolescents and adults (e.g. procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or not attending class) from clinically significant impairment, a multi-faceted evaluation should be provided. This evaluation needs to address the intensity and frequency of the symptoms and whether these behaviors constitute substantial functional impairment in the major life activity of learning.

Guidelines for Completing the CSD AD/HD Disability Assessment Form:

The information below will assist the student with an AD/HD diagnosis in working with the treating or diagnosing healthcare professional to obtain specific information necessary to evaluate eligibility for academic accommodations.

A. The healthcare professional conducting the assessment and/or making the diagnosis must be qualified to do so. This includes professionals who have undergone comprehensive training and have relevant experience in differential diagnosis and the full range of psychiatric disorders (e.g. licensed clinical psychologist, neuropsychologist, psychiatrist or members of a medical specialty familiar with AD/HD).

B. All parts of the AD/HD Disability Assessment Form must be completed as thoroughly as possible by the qualified healthcare professional. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process and require follow up contact for clarification.

C. The qualified healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc). If a comprehensive diagnostic report is available that provides **all** of the requested information, a copy of that report can be submitted for documentation instead of this form. However, please note that if information is missing, the documentation review process will be delayed.

D. After filling out the AD/HD Disability Assessment form, the qualified healthcare provider must complete the Certifier Information/Credentials section on the last page and mail or fax the completed form to the Center for Students with Disabilities (fax: 262-472-4865). All disability information you provide will *not* become part of the student's educational records. It will be kept in the student's file at CSD, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information relevant to the student's academic adjustment.

**CSD Attention Deficit/ Hyperactivity Disorder (AD/HD)
Disability Assessment Form**
This form is to be completed by a qualified healthcare professional.

STUDENT INFORMATION

Student/Client Name: _____ Date of Birth: _____

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Please provide responses to the following items by typing or writing in a legible fashion. **Illegible forms will delay the documentation review process for the student.**

*1. DSM-IV-R diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

2. In addition to applying DSM-IV-R diagnostic criteria for AD/HD, what other information did you collect to arrive at your diagnosis?

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with others (parents, teachers, spouse or significant others)
- Neuropsychological or psycho educational testing
- Date(s) of testing: _____
- Other (Please specify) _____

(Please attach/fax diagnostic report of assessment)

3. Date of diagnosis: _____

4. Date of first contact with student: _____

5. Date of last contact with student: _____

6. Describe the **differential diagnoses** that were ruled out. State the reasons for considering these diagnoses and the reasons for ruling them out.

*7. **Student's History:**

a) AD/HD History:

Provide evidence of inattention and/or hyperactivity during childhood **in more than one setting** and presence of symptoms **prior to age twelve** (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions).

b) Psychosocial History:

Provide relevant information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history that support the AD/HD diagnosis (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, employment difficulties, educational difficulties, risk-taking or dangerous activities, impulsive behaviors, social inappropriateness, psychological treatment, etc.).

c) Pharmacological History:

Provide relevant pharmacological history, including an explanation of the extent to which the medication prescribed to treat AD/HD has mitigated the symptoms of the disorder in the past.

List medication(s) that the student is currently prescribed including, dosage, frequency of use, the adverse side effects, the effectiveness of the medication and other medications tried.

d) Educational History: Provide a history of the use of any compensatory strategies, and formal and/or informal educational accommodations and services recommended as a result of this disorder.

***8. Student's Current Specific Symptoms:**

a) Provide **specific** examples of **current** symptoms/problems supporting the AD/HD diagnosis that have been **reported by the student** such as incomplete or dropped courses, reduced course load, relationship issues, legal problems, work-related difficulties, etc.

b) Provide **specific** examples of **current** symptoms/problems supporting the AD/HD diagnosis that have been **reported by parent(s)/guardian(s)/teachers/others**.

c) Please check all AD/HD symptoms listed in the DSM-IV-R 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.
- 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 or activities (e.g. school assignments, pencils, books, tools, etc.)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities

Hyperactivity:

- often fidgets with hands or feet or squirms in seat
- often leaves 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 quietly
- 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 awaiting turn
- often interrupts or intrudes on others (e.g. butts into conversations or games).

*9. Please complete the following by comparing patient/student to same age peers in the context of post-secondary education. For example, a rating of 2 would indicate that symptoms impact a major life activity on a regular basis and in a significant manner, while a rating of 1 indicates occasional impact that is modestly disruptive.

FUNCTIONAL IMPACT ASSESSMENT

IMPACT IS: ? = Unknown 0 =None 1 = Mild/Moderate 2 = Substantial/Severe

?	0	1	2	Major Life Activity	?	0	1	2	Major Life Activity
				Caring for oneself					Learning
				Talking					• Reading
				Hearing					• Writing
				Breathing					• Spelling
				Seeing – Close distance					• Calculating
				Seeing – Long distance					• Concentrating
				Lifting/Carrying					• Memorizing
				Sitting					• Listening
				Performing Manual Tasks					• Speaking
				Eating					Other:
				Working					Other:
				Interacting with Others					Other:
				Sleeping					Other:
				Walking/Standing					Other:

10. State **current treatment plan** (e.g., medication, counseling, coaching, learning strategies instruction, etc.) and the student’s response to treatment. To what degree does the treatment plan mitigate the severity of the disorder? If a current treatment plan is in effect and student is responding positively to it, please explain why you are recommending academic adjustments/accommodations/services to achieve equal access.

*11. If applicable, state **specific accommodation recommendations** for this student, and a **rationale** as to why the accommodation is necessary (e.g. if a note taker is suggested, explain how this accommodation is related to the student’s diagnosis). Please note that many UW-Whitewater students are diagnosed with AD/HD. Only a very small percentage is found eligible for disability-related services, therefore, please be specific with regard to your rationale for all recommended accommodations.

Accommodation Recommendation	Rationale

***12. Certifier Information/Credentials**

Name:		Date:	
Medical Specialty:		License #:	
Address:			
Phone:		Email:	
Clinician's Signature:		Printed Name:	

Please mail or fax this completed form and any additional information to:
Center for Students with Disabilities

800 W. Main St.
2002 Andersen Library
Whitewater, WI 53190

(262) 472-4711 (voice, tty, relay)

(262) 472-4865 (fax)

If you have questions, please feel free to contact our office. Thank you.

Adopted from the McBurney Disability Resource Center at UW Madison