

**Attention Deficit/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
Documentation Form**

The student named below has applied for services at the University of North Texas, Office of Disability Accommodation. To determine eligibility for such services, a qualified professional must certify that the student has been diagnosed with ADD/ADHD and that it represents a substantial impediment to major life activities (especially activities related to the learning/college environment). Please fully complete the form, with as much detail as possible. Print, sign the form, and return it using the contact info below. If you have any supporting information e.g. test results, checklists, background information, please attach it to this form.

Only qualified professionals may complete this form including licensed physicians, psychologists, professional counselors, and diagnosticians.

Student's Name: _____

Date: / /
 Month Day Year

1. What is your DSM-IV multi-axial diagnosis for this student?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

2. Date of above diagnosis: / /
 Month Day Year

3. Date student was last seen: / /
 Month Day Year

FOR ADD/ADHD ONLY

4. In addition to DSM-IV criteria, how did you arrive at your diagnosis? Please check all relevant items below, **adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.**

Structured or unstructured interviews with the student

Interviews with other persons

Behavioral observations

Developmental history

Educational history

Medical history

Psycho-educational testing. Date(s) of testing?

Standardized or nonstandardized rating scales

Other (Please specify):

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5. Please provide specific information about the academic limitations and severity of symptoms this student encounters as a result of his/her ADHD.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe):				

6. Is this student taking medication(s) for ADHD?

Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications?

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Other Information...

Is there anything else you would like us to know about this student?

Certifying Professional*

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

Telephone No.

City, State, Zip

Fax

Please return completed form to:

UNT Office of Disability Accommodation
University Union Bldg. Suite 321
P.O. Box 310770
Denton, TX 76203-0770

FAX to ATTN: DRC, 940-369-7969