

Documentation of ADHD

This form is specifically designed for students whose primary diagnosis is ADHD. Do not complete this form if the primary diagnosis is not ADHD. Please contact DSP at 805-893-2668 to request the appropriate form. If the incorrect form is submitted, you will be asked to complete the appropriate form.

Students requesting services or accommodations at UCSB through the Disabled Students Program are required to provide current documentation. Documentation standards to determine eligibility require comprehensive documentation in order to determine if functional impacts and their respective severity levels rise to the level of disability and if so, determine appropriate accommodations and academic support services. DSP eligibility is based upon documented clinical data not simply self-report or evidence of a diagnosis.

Please complete the entire form, *including DSM-5 Diagnosis*. Eligibility cannot be determined without thorough information.

Please keep in mind that not all conditions listed in the DSM-5 are considered disabilities under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. This means that having a diagnosis alone may not automatically qualify someone for reasonable accommodations. Instead, eligibility is based on how the condition substantially limits one or more major life activities.

All information that you provide will be shared with the student.

Today's Date:

Student Name:

Student's 7-Digit ID #:

Phone:

Email:

I. DSM-5 Diagnosis

Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains & subgroups (as indicated in DSM-5) including V/Z codes: psychosocial and environmental stressors.

Please specify current severity (please select the most appropriate level):

Mild

Moderate

Severe

Focus of Clinical Treatment:

Please select *one* response below that is the most appropriate ADHD diagnosis:

Predominantly Inattentive (314.00 / F90.0)

Predominantly Hyperactive/Impulsive (314.01 / F90.1)

Combined Presentation (314.01 / F90.2)

Other Specified (314.01 / F90.8)

Unspecified (314.01 / F90.9)

Severity of additional conditions(see below):

Mild

Moderate

Severe

Secondary Diagnoses (List with DSM-V codes):

Medical Conditions (List):

Are any of the above conditions in full remission? If so, which one(s)?

II. Evaluation

In addition to DSM-5 criteria, please provide relevant information 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 patient:

Interviews with other persons:

Behavioral observations:

ADHD adult assessment measures(please check all that apply):

Conners' Continuous Performance Test

Date Evaluated:

Barkley Adult ADHD Rating Scale (BAARS)

Date Evaluated:

Childhood Observer Questionnaire

Date Evaluated:

Others (please list)

Date Evaluated:

History of impact in the classroom setting and prior accommodations provided (if known):

Medical history:

Psycho-educational testing:

What tests were administered?

Date(s) of testing:

(If available, please include a copy of the most recent psycho-educational report).

Other evaluations (Please specify):

When did you last evaluate this patient?

When was your last appointment with this patient?

How often have you met with this patient?

What is the prognosis?

Poor

Guarded

Fair

Good

Excellent

III. Treatment

Is the patient currently in treatment with you? Yes No

If applicable, does medication mitigate the patient's symptoms?

Completely Mitigated Partially Mitigated Not Mitigated

Provide a list of medication(s), dosage, and side effects:

When were medications prescribed?

If applicable, do other treatments mitigate the patient's symptoms?

Please list those treatments.

What is the treatment's level of effectiveness on functional limitations?

Completely Mitigated

Partially Mitigated

Not Mitigated

IV. Functional Limitations and Severity

Please indicate specific DSM-5 ADHD symptoms and their severity levels (please select the most appropriate severity level if known):

A. Inattention:

Often fails to give close attention to details or makes careless mistakes in school work, work, or other activities (e.g., overlooks or misses details, work is inaccurate).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often has difficulty sustaining attention in tasks or activities (e.g., has difficulties remaining focused during lectures, conversations, or lengthy reading)

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily distracted).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

B. Hyperactivity and Impulsivity:

Often fidgets with hands or feet or squirms in seat

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often leaves their seat in the classroom or in other situations in which remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often runs about or climbs excessively in situations in which it is inappropriate (**Note:** In adolescents or adults, may be limited to feeling restless).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often unable to play or engage in leisure activities quietly.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Is often “on the go” or often acts as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often talks excessively.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often blurts out answers before questions have been completed (e.g., completes people’s sentences; cannot wait for a turn in conversation).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often has difficulty waiting his or her turn (e.g., while waiting in line).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

C. Additional Limitations:

Poor short term memory.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Poor long term memory.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Poor time management under pressure.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Difficulty starting tasks.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Difficulty establishing routines.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Fatigue.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

Hyperfocusing.

Unknown

No Impact

Minimal Impact

Moderate Impact

Severe Impact

V. Additional Information

Please provide any additional information. We would appreciate information related to how the student's disability impacts their academic tasks (e.g., exam taking, focus in lectures, time management and organization, completion of long term projects). Also, please include any information as to whether impacts were observed and self-reported.

Provider Certification

Provider Name:

License/Certification #:

Signature:

Date:

Phone:

Fax:

How to Submit Documentation to DSP

You may return the completed form in any of the following ways:

- **Fax:** (805) 893-7127
- **Mail:**
University of California, Disabled Students Program
2120 Student Resource Building
Santa Barbara, CA 93106-3070
- **Via Student:** Give the form to the student, who can upload it to the portal.

Important: Documentation is incomplete without the clinician's signature.

For questions, please call DSP at (805) 893-2668. Thank you for your assistance!