

Attention-Deficit/Hyperactivity Disorder (ADHD) Instructions and Documentation Submission Form

Student Instructions and Information:

- Students must submit **current** documentation from a qualified providers to the Access & Accommodations Center (AACE) prior to the initial meeting with an AACE Access Coordinator.
 - Current documentation is defined as:
 - Documentation that reflects data collected within three years to five years of the request for accommodations. Appropriate exceptions and/or requests for a reevaluation and more recent documentation are at the discretion of the Access Coordinator.
- A qualified provider (medical doctor, psychologist, or psychiatrist) must provide the documentation. Students may obtain an ADHD evaluation (at the student's expense) from one of the following resources:
 - A qualified private practice provider. The remaining sections of this document must be completed by the qualified provider/evaluator as indicated. In place of this form, a letter may be provided including all of the requested information. Any letters must be on letterhead from the qualified provider's practice. All documentation must include the qualified provider's signature and credentials.
 - The Regents Center for Learning Disorders (RCLD) – An Access Coordinator will provide the referral and explain the process and expense. Please call 404-413-1560 to schedule an appointment with the Access & Accommodations Center to discuss a referral.
- Students must submit completed behavior checklists located at the end of this document. The checklists must be completed by a individuals who know the student.
- Students should submit the required medical documentation **prior to the initial meeting with AACE** since appropriate accommodations are discussed at that time.
- How often medical documentation must be updated will be determined by AACE based on the student's individual situation.
- Documentation may be submitted through the AIM portal at <https://access.gsu.edu/>

To be Completed by Student:

Name (Last, First, Middle): _____

Date of Birth: _____ GSU ID: _____

Cell Phone: _____ Alternate Phone: _____

Home Address: _____

Email Address: _____

Status (Check One): _____ Current Student _____ Transfer Student _____ Prospective Student

To be Completed by Provider:

To establish eligibility for accommodations under the ADA, students must submit current and comprehensive medical documentation from a qualified provider for any diagnosis of a disability. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

Please check the appropriate DSM-5 diagnosis:

- 314.00 Attention-deficit/hyperactivity disorder, Predominantly inattentive presentation
- 314.01 Attention-deficit/hyperactivity disorder, Predominantly hyperactive/impulsive presentation
- 314.01 Attention-deficit/hyperactivity disorder, Combined presentation

Date of diagnosis: _____

Please provide the diagnostic criteria and methodology used to diagnose ADHD.

Please list any medications the student is taking for ADHD, as well as any side effects if applicable.

Please check all of the following DSM-5 ADHD symptoms the student is currently exhibiting.

Inattention:

- Failure to give close attention to detail and making careless decisions
- Difficulty in following instructions and failing to complete tasks
- Difficulty sustaining attention during activities and easily distracted
- Often distracted by extraneous stimuli
- Forgetfulness in daily activities
- Avoidance of activities that demand sustained mental effort
- Often does not listen when spoken directly to
- Difficulty in organizing tasks and activities
- Often loses things necessary for daily activities

Hyperactivity:

- Often fidgets with hands or feet or squirms in seat
- Feelings of restlessness
- Is often “on the go” or often acts as if “driven by a motor”
- Often has difficulty playing or engaging in leisure activities quietly
- Often talks excessively
- Often leaves seat in situations in which remaining seated is expected

Impulsivity:

- Often blurts out answers before questions have been completed
- Often interrupts or intrudes on others
- Often has difficulty awaiting turn

Please describe how symptoms are present in at least two settings (i.e. school, social, and/or occupational).

Please check all of the following as appropriate to describe the student’s academic/social functional limitations. By checking you are indicating that the student often experiences this limitation.

- Easily frustrated
- Acts without thinking about consequences
- Acts in ways others see as inappropriate
- Has difficulty following instructions and taking direction
- Unable to pay attention for long periods of time
- Fails to meet deadlines and due dates
- Has angry and/or negative thoughts
- Overreacts emotionally
- Makes careless errors
- Procrastinates

- Easily excited by activities and surroundings
- Struggles with time management
- Disorganized in completing tasks and loses materials needed to complete tasks
- Hyper-focused on certain activities
- Has trouble interacting with others
- Other _____

- Other _____

- Other _____

Please provide any additional information/context as appropriate concerning the functional limitations.

Please provide any recommendations to address the indicated functional limitations.

Please attach any psychological and/or educational reports that support the diagnosis and complete the following information:

Provider Name: _____

Title: _____

License #: _____

Practice Name and Address: _____

Phone: _____ Fax: _____

Email: _____

Provider Signature (**Wet Signature Required**): _____

Date of Signature: _____

ADHD Behavior Checklist Recent Behaviors: Present in the Past Six Months

Attention Student: This form is to be completed and signed by an individual in your life (friend, family member, teacher, etc.) who can attest to your behaviors. **This form is to be completed by a DIFFERENT person than the one who completes the checklist concerning your childhood behaviors.**

Student's Name: _____

Frequency Code: 0 = Never or Rarely, 1 = Occasionally, 2 = Often, 3 = Very Often

Failure to give close attention to detail and making careless decisions	0	1	2	3
Difficulty in following instructions and failing to complete tasks	0	1	2	3
Difficulty sustaining attention during activities and easily distracted	0	1	2	3
Often distracted by extraneous stimuli	0	1	2	3
Forgetfulness in daily activities	0	1	2	3
Avoidance of activities that demand sustained mental effort	0	1	2	3
Often does not listen when spoken directly to	0	1	2	3
Difficulty in organizing tasks and activities	0	1	2	3
Often loses things necessary for daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Feelings of restlessness	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Often talks excessively	0	1	2	3
Often leaves seat in situations in which remaining seated is expected	0	1	2	3
Often blurts out answers before questions have been completed	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3

Printed Name of Individual Completing Form: _____

Signature of Individual Completing Form: _____

Relationship to Student: _____

Date: _____

ADHD Behavior Checklist Childhood Behaviors: Present Ages 5-12

Attention Student: This form is to be completed and signed by an individual in your life (friend, family member, teacher, etc.) who can attest to your behaviors. **This form is to be completed by a DIFFERENT person than the one who completes the checklist concerning your recent behaviors.**

Student's Name: _____

Frequency Code: 0 = Never or Rarely, 1 = Occasionally, 2 = Often, 3 = Very Often

Failure to give close attention to detail and making careless decisions	0	1	2	3
Difficulty in following instructions and failing to complete tasks	0	1	2	3
Difficulty sustaining attention during activities and easily distracted	0	1	2	3
Often distracted by extraneous stimuli	0	1	2	3
Forgetfulness in daily activities	0	1	2	3
Avoidance of activities that demand sustained mental effort	0	1	2	3
Often does not listen when spoken directly to	0	1	2	3
Difficulty in organizing tasks and activities	0	1	2	3
Often loses things necessary for daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Feelings of restlessness	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Often talks excessively	0	1	2	3
Often leaves seat in situations in which remaining seated is expected	0	1	2	3
Often blurts out answers before questions have been completed	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3

Printed Name of Individual Completing Form: _____

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Relationship to Student: _____

Date: _____