



Regents Center for Learning Disorders  
at Georgia State University

## ADHD Verification

The Office of Disability Services (ODS) at each institution provides academic services and accommodations for students with documented disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Attention-Deficit/Hyperactivity Disorder (AD/HD) is one such disability. In order for a student to be considered eligible to receive academic accommodations, the documentation must also show functional limitations that impact the individual in the academic setting.

The Board of Regents (BOR) for the University System of Georgia (USG) requires current and comprehensive documentation of AD/HD in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

- A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally licensed psychologists or board certified members of a medical specialty.
- B. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.
- C. The 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 the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that interprets the results.
- D. After completing this form, sign it, complete the Healthcare Provider Information section on the last page and return it to the student, who will give it to the Disability Services Provider at her/his institution. The information you provide will not become part of the student's educational records, but it will be kept in the student's file in the ODS, where it will remain confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. If you have questions regarding this form, please call the Regents Center for Learning Disorders at Georgia State University at 404-413-6245. Thank you for your assistance.

To review USG BOR policies regarding disabilities, please see the following websites:

Students with Disabilities:

- [http://www.usg.edu/academic\\_affairs\\_handbook/section2/2.22/](http://www.usg.edu/academic_affairs_handbook/section2/2.22/)

General Documentation Guidelines:

- [http://www.usg.edu/academic\\_affairs\\_handbook/section2/2.22/appendix\\_dsp2.phtml](http://www.usg.edu/academic_affairs_handbook/section2/2.22/appendix_dsp2.phtml)

Specific Documentation Guidelines:

- [http://www.usg.edu/academic\\_affairs\\_handbook/section2/2.22/appendix\\_dsp3.phtml](http://www.usg.edu/academic_affairs_handbook/section2/2.22/appendix_dsp3.phtml)

# ADHD Documentation Form

## STUDENT INFORMATION

(Student should complete this section)

(Please print legibly or type)

Name (Last, First, Middle):

Date of Birth:

Institution:

Status (check one):      current student      transfer student      prospective student

Local phone: (      )-      -      Cell phone: (      )-      -

Address:

E-mail address:

## DIAGNOSTIC INFORMATION

(To be completed by Healthcare Provider: 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-V diagnosis:

314.00

Predominantly Inattentive

Predominantly Hyperactive-Impulsive

314.01 Combined type

314.9 Not otherwise specified

2. State the following:

a. date of first contact with student:

b. date of diagnosis:

c. date of last contact with student:

d. comorbid conditions/differential diagnosis :



**Hyperactivity:**

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) 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 that are more sedate
- 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)

5. State the student’s functional limitations based on the AD/HD diagnosis, *specifically in a classroom or educational setting.*
  
  
  
  
  
  
  
  
  
  
6. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student’s specific functional limitations.
  
  
  
  
  
  
  
  
  
  
7. Please document impairment *across at least two setting by independent observers* other than patient and clinician.
  
  
  
  
  
  
  
  
  
  
8. Please document retrospective childhood and current adult behavior using rating scales with appropriate norms. (Please attach copies of completed forms.)

## HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and fill in all other fields completely using PRINT or TYPE)

Provider Signature:

Date:

Provider Name (Print):

Title:

License or Certification #:

Address:

Phone Number: (        )-        -

FAX Number: (        )-        -