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

Student Instructions and Information:

- Students must submit current documentation from a qualified provider 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
Easy 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

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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.**

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