
CERTIFICATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

The student named below has applied for services/accommodations through the office of Student Support Services at Shorter University. In order to determine eligibility and to provide services, we require documentation of the student's Attention-Deficit/Hyperactivity Disorder.

After completing the form, please sign it and mail or FAX it to us at the address above. The information you provide will not become part of the student's educational records, but will be kept in the student's file at Student Support Services, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach all supportive information, reports, test results relevant to the documented diagnosis and limitations. Please contact us if you have questions or concerns. Thank you for your assistance.

1. Student's Name: _____ Today's Date: _____

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

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

3. Date of above diagnosis: _____

4. Date student was last seen: _____

5. 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. Dates(s) of testing?

Standardized or nonstandardized rating scales

Other (Please specify): _____



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

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activation/initiating to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustained focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely submission of assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing external distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPECIFIC ACADEMIC TOPICS

Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) _____				

7. Is this student currently 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? _____

8. Other information: Is there anything else you think we should know about the student's psychological disability?

9. CERTIFYING PROFESSIONAL *

_____ Signature of Professional	_____ Date
_____ Professionals Name (printed) and Title	_____ License No.
_____ Address	_____ Telephone No.
_____ City, State, Zip	_____ Fax

* Qualified diagnosing professionals are licensed psychologists, psychiatrists, and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.