



Documentation of Attention-Deficit Disorder/Hyperactivity Disorder

One of your patients has notified the **Office of Disability Services** (ODS) at Westmont College of your recent evaluation/diagnosis and treatment of his/her 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 read ADHD documentation guidelines prior to completing this form: <https://www.westmont.edu/disability-services/documentation-requirements>

Students requesting services or accommodations through **ODS** are required to provide current documentation that must be completed by a qualified provider that has provided treatment and or evaluation **in the past 6 months**. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice.

Please note: All information that you provide may be shared with the student. This information is kept confidential, and cannot be released without written consent from the student. Include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains & subgroups (as indicated in DSM-V) including V/Z codes: psychosocial and environmental stressors.

Name (Student): _____ Today's date _____

Certifying professional (please print): _____ Title _____

City _____ State _____ Zip _____

License No. _____ Phone _____ Fax _____

I. DSM-5 Diagnosis

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

Focus of Clinical Treatment	Please select one response below that is the most appropriate ADHD diagnosis: <input type="checkbox"/> ADHD 314.00 (F90.0) Predominantly Inattentive presentation <input type="checkbox"/> ADHD 314.01 (F90.1) Predominantly hyperactive/impulsive presentation <input type="checkbox"/> ADHD 314.01 (F90.2) Combined presentation <input type="checkbox"/> ADHD 314.01 (F90.8) Other specified ADH
Secondary Diagnosis	
Medical Conditions	

Please specify current severity (please severity with an X):

0-----50-----100
Mild Moderate Severe

II. Assessment

In addition to DSM-V criteria, provide relevant information below, adding brief notes that may be helpful as we determine which accommodations and services are appropriate for the student.

Structured or unstructured interviews with the patient: _____

Interviews with other persons: _____

Behavior Observations: _____

Developmental history: _____

Educational history: _____

Medical history: _____

Psycho-educational testing: What tests were administered? Date(s) of testing? If applicable, please include copy of psycho-educational report. Test scores, sub-scores and normal measure of intra-individual discrepancies, in any. Standardized or non-standardized rating scales.

Specific ADHD assessments/rating scales. Check the item indicating assessment and include results:

- ◇ TOVA
- ◇ Conner's Continuous Performance Test
- ◇ Attention Deficit Scale for Adults (ADSA)
- ◇ Other: _____

When did you last evaluate this patient? _____

If different, when was your last appointment with this patient? _____

How often have you met with this patient? _____

What is the prognosis? _____

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?

Completely Mitigated _____ Partially Mitigated _____ Not Mitigated _____ Please list those treatments.

Please list treatments:

IV. Specific Symptoms and Severity

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

Symptoms	Unknown	No Impact	Minimal Impact	Moderate Impact	Severe Impact
Inattention					
a. 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).					
b. Often has difficulty sustaining attention in tasks or activities (e.g., has difficulties remaining focused during lectures, conversations, or lengthy reading).					
c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).					
d. 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).					
e. 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).					
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., school work or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).					
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books tools, wallets, keys, paperwork, eyeglasses, mobile telephones)					
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).					
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).					
Hyperactivity and Impulsivity					

a. Often fidgets with hands or feet or squirms in seat					
b. Often leaves seat in classroom 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).					
c. Often runs about or climbs excessively in situations in which it is inappropriate (NOTE: In adolescents or adults, may be limited to feeling restless).					
d. Often unable to play or engage in leisure activities quietly					
e. 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 other as being restless or difficult to keep up with).					
f. Often talks excessively					
g. Often blurts out answers before questions have been completed (e.g., completes people's sentences; cannot wait to turn in conversation).					
h. Often has difficulty waiting his or her turn (e.g., while waiting in line).					
i. 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).					
Additional Symptoms:					
Poor short-term memory					
Poor time management under pressure					
Difficulty starting tasks					
Difficulty establishing routines					
Depressed mood over difficulties ADHD					
Anxious about school performance					
Fatigue					
Difficulty regulating emotions					

V. Additional Information

Please provide any additional information below, including information related to how the disability symptoms impact various academic tasks (e.g. examination process, focus in lectures, time management, organization, and completion of long-term projects). Please include any recommendations for accommodations.

Certifying professional (print name) _____

Signature _____ Date _____

Please fax this form to 805-565-7244, scan/email to ods@westmont.edu or mail to: Westmont College Office of Disability Services, Attn: Sheri Noble, 955 La Paz Rd., Santa Barbara, CA. 93108.

For more information, contact ODS by email at ods@westmont.edu.