



disability that demonstrates an accompanying substantial

Disability Support Services

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activities.

The following guidelines are provided in the interest of ass

field concerning the specific diagnosis and expected acad

## Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

After completing this form, please fax, mail or email it to the office of Disability Support Services at the end of this document. The information you provide will not become a part of the student's educational records but will be kept in the student's file at Disability Support Services where it will be kept confidential. Please contact staff at the office of Disability Support Services if you have questions or concerns. Thank you for your assistance.

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## Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Statement of DSM V diagnosis (DSM V classification and subtype).

2. Date of diagnosis and date student last seen for treatment or evaluation.

Date of Diagnosis:

Date Last Seen:

3. Procedures and instruments used to make the diagnosis (e.g., clinical interview, behavior rating scales, neuropsychological or psychoeducational testing, names of tests).

4. Past symptom(s):

5. Interpretive summary of evaluation results, including all standardized scores that are available. The information derived from the instruments or procedures used to reach the conclusion that the student meets criteria for ADHD is required. Attach additional information as necessary.

6. Current symptoms that meet the criteria for diagnosis (Note that diagnosis based on DSM IV criteria include six or more symptoms of inattention and/or six or more symptoms of hyperactivity and impulsivity).

7. Information related to co -

