

## Attention Deficit (Hyperactivity) Disorder Documentation Form

This form is to be used in cases where an updated/current, diagnostic evaluation report is not available. It is to be completed by a treating neuropsychologist, neurologist, or psychiatrist.

Please complete this form with as much detail as possible, as a partially completed form or limited responses may hinder the eligibility process. It is most important that you thoroughly explain any symptoms and indicate their impact on functioning. If you wish to provide additional information, please attach it to these forms.

*Thank you for your assistance.*

### ***To be completed by the treating, licensed healthcare professional only***

Student's name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Age of onset/diagnosis \_\_\_\_\_

Date of initial contact with student: \_\_\_\_\_ Date student was last seen: \_\_\_\_\_

Frequency of appointments \_\_\_\_\_

#### DSM-V Diagnosis:

- 314.01 Combined Presentation
- 314.00 Predominantly Inattentive Presentation
- 314.01 Predominantly Hyperactive/impulsive Presentation
- 314.01 Unspecified Attention-Deficit/Hyperactivity Disorder

Specify current severity:  Mild  Moderate  Severe

Explain the severity checked above: \_\_\_\_\_

Additional Diagnosis (es)/Comorbidities:  
\_\_\_\_\_

Please check the specific symptoms student is experiencing (based on DSM-V criteria):

#### **Hyperactivity and impulsivity:**

- Often fidgets with or taps hands or feet or squirms in seat.
- Often leaves seat in situations when 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).
- Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, may be experienced by others as being restless or difficult to keep up with).

- Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- Often has difficulty waiting his or her turn (e.g., while waiting in line).
- 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; intrude into or take over what others are doing).

**Inattention:**

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- Often has difficulty sustaining attention in tasks (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- 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 sidetracked).
- 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).
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; preparing reports, completing forms, reviewing lengthy papers).
- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, cell phones).
- Is often easily distracted by extraneous stimuli (may include unrelated thoughts).
- Is often forgetful in daily activities (e.g., doing chores, running errands, returning calls, paying bills, keeping appointments).

In addition to DSM-V 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.***

- Interviews with other persons
- Behavioral observations
- Developmental History
- Educational history
- Medical history
- Testing (attach a copy of the report). Dates and type of testing:

**Student History:**

1. ADHD History: According to the DSM-V, several inattentive or hyperactive- impulsive symptoms must be present prior to age 12 years. Provide information supporting the diagnosis obtained from student/parent(s)/ teacher(s). List the symptoms that were present during early school years (e.g. day dreamer, spoke out of turn, unable to sit still, disruptive, difficulty understanding directions etc.)

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2. Psychological History: Describe any relevant psychological history. Include any psychological evaluations or testing implemented, if applicable.

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**Level of Impact:**

Identify the level of impact the student’s ADHD has on major life activities and learning by circling the numbers below.

**1= Unknown    2 = No Impact    3 = Mild Impact    4 = Moderate Impact    5 = Substantial Impact**

Organizing/Planning/Prioritizing	1	2	3	4	5
Managing external distractions	1	2	3	4	5
Managing internal distractions	1	2	3	4	5
Timely completion of assignments	1	2	3	4	5
Attending classes on time	1	2	3	4	5
Managing deadlines	1	2	3	4	5
Collaborating on group projects	1	2	3	4	5
Concentrating	1	2	3	4	5
Managing stress	1	2	3	4	5
Interacting with others	1	2	3	4	5
Memory	1	2	3	4	5
Sleeping	1	2	3	4	5



Disability Services  
 P.O. Box 3300 \* Somerville, NJ 08876  
 Phone: (908) 526-1200 ext. 8534  
 Fax (908) 526-3494  
[disabilityservices2@raritanval.edu](mailto:disabilityservices2@raritanval.edu)

Self-care	1	2	3	4	5
Social interaction	1	2	3	4	5

List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable):

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Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes  No If yes, explain: \_\_\_\_\_

**Certifying Professional**

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Area of Specialty

\_\_\_\_\_  
 License Number

\_\_\_\_\_  
 State of Licensure

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Signature of Certifying Professional

\_\_\_\_\_  
 Date

**Please Return to:**  
**Disability Services - Raritan Valley Community College**  
**College Center C-124**  
**Fax (908) 526-3494**  
[disabilityservices2@raritanval.edu](mailto:disabilityservices2@raritanval.edu)