ADHD Documentation Form

This ADHD Documentation Form will be used to support a student’s request for disability accommodations at Wofford College. It should:

- Reflect the most currently available information
- Be completed by a qualified professional
- Be completed as clearly and thoughtfully as possible. Incomplete responses and illegible handwriting may require additional follow up.
- Be supplemented with reports or additional testing, if applicable. Please do not provide case notes or test results without a narrative that explains the content.

We must first determine if this is an Otherwise Qualified Individual with a Disability. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The presence of a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

Student Name: ____________________________________________ Birthdate: _________

- Last
- First
- M.I.

Date of initial assessment for diagnosis: ________________________________
Date of most recent assessment: ________________________________

Diagnosis:
- _____ ADHD, Predominantly Inattentive Presentation
- _____ ADHD, Predominantly Hyperactive/Impulsive Presentation
- _____ ADHD, Combined Presentation

What methods were used for diagnosis? Please check all that apply
- _____ Clinical Interview
- _____ Psychoeducational Evaluation
- _____ Neuropsychological Testing
- _____ Other evaluation (Connors, Vanderbilt, etc.) – Please specify: ________________________________
If no formal evaluation (psychoeducational or neuropsychological) is attached, list DSM-5 diagnostic
criteria met by this student:

_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

Rate the level of impact you believe the student experiences in the college environment

0 = No impact  1 = Mild  2 = Moderate  3 = Severe

_____ Sitting
_____ Interacting with Others
_____ Working
_____ Sleeping
_____ Reading
_____ Processing Speed
_____ Writing
_____ Memorizing
_____ Spelling
_____ Concentrating
_____ Quantitative Reasoning
_____ Listening
_____ Math Calculating
_____ Other:

List any other diagnoses present and their impact on the student

__________________________________________________________
__________________________________________________________

Discuss any side effects related to treatment or medications that may be relevant to identifying
accommodations:

__________________________________________________________

Please provide any additional information you feel is pertinent or may be of use in the
accommodation process.

__________________________________________________________

Provider Name (Print): __________________________________________________________________

Provider Signature: _____________________________________________________________________

License or Certification #: ______________________________________ State: ___________________

Address: ______________________________________________________________________________

Phone: __________________ Fax: __________________ Date: ___________________