

Guidelines for Documentation of Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD)

Lenoir Community College provides academic adjustments, auxiliary aids and/or services to students with disabilities. In order for a student to be eligible for academic adjustments, auxiliary aids, and/or services, the student's documentation regarding the disorder must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. These laws **define a disability as a physical or mental impairment that substantially limits one or more major life activities**. To determine eligibility, LCC requires current and comprehensive documentation of the student's disorder. It is the responsibility of the student to obtain documentation and present a copy to the ADA Counselor for review.

Documentation of ADD / ADHD must include the completion of the Documentation Form by a licensed psychologist or psychiatrist (documentation for ADD / ADHD may require periodic updates, especially if changes occur in the student's functioning or requests for academic adjustments, auxiliary aids, and/or services change). In addition to the Documentation Form for ADD / ADHD, a summary report of the student's disorder may be submitted.

A summary of the guideline categories for documenting a psychological disorder is as follows:

1. Presenting concerns at the time of evaluation.
2. Pertinent history (developmental, family, medical, psychosocial, psychological, pharmacological, educational, and employment).
3. Current symptoms.
4. A DSM-IV–diagnosis with corresponding DSM-IV code.
5. Functional limitations.
6. Summary and recommendations.

Please remember to sign and date the form once it is printed out.

Send the completed report to:

**Disability Services Counselor
Lenoir Community College
PO Box 188
Kinston NC 28502
Fax: 252-233-6789 Phone: 252-527-6223 x 331**

STUDENT'S NAME:

LCC ID #:

If LCC ID is not known, fill in **Social Security#:**

1. What is the student's diagnosis as expressed in DSM-IV codes?

- 314.00 Predominantly Inattentive Type
- 314.01 Predominantly Hyperactive-Impulsive Type
- 314.01 Combined type
- 314.9 Not otherwise specified

a. How long has the student had this disorder?

b. What is the severity of the disorder? Mild Moderate Severe

Explain the severity checked above:

c. What is the expected duration? Chronic Episodic Short-term

Explain the duration checked above:

2. State the following:

a. Date of first contact with student::

b. Date of last contact with student::

c. Date(s) current psycho-educational/psychological assessment was completed:

d. Frequency of appointments with student (e.g., once a week, twice a month):

3. Student's History:

- a. ADD/ ADHD History: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven years. Provide information supporting the diagnosis obtained from the student/parent(s)/teacher(s). Indicate the ADD/ADHD symptoms that were present during early school years (e.g., day dreamer, spoke out of turn, was disruptive, difficulty learning to read, difficulty understanding directions, unable to sit still, often misplaced things, etc.):

- b. Pharmacological History. Provide pertinent pharmacological history, including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past:

4. Student's Current Symptoms and Concerns:

- a. Presenting Concerns Provide information regarding the student's current presenting concerns:

b. **Specific Symptoms:**

Please check all ADD/ADHD symptoms listed in the DSM IV that the student exhibits:

[] **Inattention:**

[] often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities

[] often has difficulty sustaining attention in tasks or play activities

-] often does not seem to listen when spoken to directly
-] often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
-] often has difficulty organizing tasks and activities
-] often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
-] often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
-] is often easily distracted by extraneous stimuli
-] is often forgetful in daily activities

] **Hyperactivity:**

-] often fidgets with hands or feet or squirms in seat
-] often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
-] often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
-] often has difficulty playing or engaging in leisure activities quietly
-] is often “on the go” or often acts as if “driven by a motor”
-] often talks excessively

] **Impulsivity**

-] often blurts out answers before questions have been completed
-] often has difficulty awaiting turn
-] often interrupts or intrudes on others (e.g. butts into conversations or games)

5. Provide Information regarding symptoms that cause **significant impairment in a major life activity** (e.g., learning, breathing, walking).and in a classroom setting if applicable.

6. List the student’s current medication(s), dosage, frequency, and adverse side effects

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

Yes No

b. If yes, explain:

c. Provide an explanation of the extent to which the medication currently mitigates the symptoms of the disorder.

d. Was the student evaluated on or off medication? On Off Both

7. Objective measures of attention or discrimination have been performed and are attached:

Yes No If no, please explain:

8. Provide information regarding the **impact**, if any, of the disorder on a **specific major life activity** (e.g., learning, eating, walking, interacting with others, etc.).

11. If current treatments (e.g., medications, therapy) are successful, state the reasons the above academic adjustments, auxiliary aids, and/or services are necessary?

The provider should also send any reports that provide additional related information. The provider completing this form cannot be a relative of the student. The provider signing this form must be the same person answering the questions on the form above.

Signature of Provider: _____ Date: _____

License #: _____ State: _____

(Please Print or Type)

Name/Title:

Address:

Phone: