

Office of Accessibility Services ADHD Documentation Form

This form assists the Office of Accessibility Services in evaluating the presence of ADHD-related functional limitations within the postsecondary academic environment. A diagnosis alone does not automatically establish eligibility for accommodations. Diagnostic statements without supporting clinical information may be insufficient to establish disability status or accommodation needs. Documentation should provide evidence of current functional impairment and the clinical basis supporting the diagnosis.

This form may supplement but does not replace comprehensive evaluations or supporting clinical records when necessary.

Student Name	
Student ID	
Charter Oak email	
Provider Name	
Provider Phone Number and Address	
State of Licensure	
Licensure #	
Practice Specialty	
Date(s) of Evaluation	
Length of time treating student	
Frequency of treatment	☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ 3-6 Months ☐ Yearly
DSM-V or ICD 10 Diagnosis and Code	☐ DSM-V Code ☐ ICD-10 Code
Secondary diagnosis if applicable	
Date of Diagnosis	
Date of Diagnosis most recently confirmed	

Assessment Methods used to determine ADHD diagnosis. Please check all that apply.	☐ Clinical interview ☐ Review of developmental history ☐ Review of educational history ☐ DSM-V symptom review ☐ Behavioral observations ☐ ADHD rating scales ☐ Executive functioning assessment ☐ Psychoeducational evaluation ☐ Neuropsychological evaluation ☐ Academic record review ☐ Prior treatment review ☐ Collateral interview(s) collected ☐ Medication response history review ☐ Other
Standardized Measures/Assessment Tools: Please list any formal assessment tools, rating scales, or measures used and summarize relevant findings.	
DSM-5 Symptom Domains Please identify the symptom domains currently supported by clinical evidence. Inattention Symptoms: Please check all that apply.	☐ Difficulty sustaining attention ☐ Frequent careless mistakes ☐ Difficulty organizing tasks ☐ Avoids sustained mental effort ☐ Frequently loses items ☐ Easily distracted ☐ Forgetfulness ☐ Difficulty following instructions ☐ Difficulty completing tasks ☐ Other
Hyperactivity/Impulsivity Symptoms Please check all that apply.	☐ Restlessness/fidgeting ☐ Difficulty remaining seated ☐ Excessive talking ☐ Interrupting others ☐ Difficulty waiting turn ☐ Feeling internally restless ☐ Impulsive decision-making ☐ Other_____

Evidence of Childhood/Developmental History DSM-5 criteria require evidence of symptoms during childhood. <i>Please describe evidence supporting the presence of ADHD symptoms prior to age 12.</i>	
Sources reviewed. Check all that apply. Please note: Student self-report alone is not enough clinical evidence to support an ADHD diagnosis.	☐ Student self-report ☐ Parent/family report ☐ School history/report cards ☐ Prior evaluations ☐ Treatment history ☐ Other _____
Differential Diagnosis Considerations Please describe how alternative explanations for symptoms were considered and ruled out, where appropriate. Conditions considered (check all that apply).	☐ Anxiety ☐ Depression ☐ Trauma/PTSD ☐ Sleep disorders ☐ Substance use ☐ Learning disability ☐ Medical condition ☐ Stress/burnout ☐ Other _____
Clinical Explanation	
Current Functional Limitations Please describe the student's current functional limitations related to ADHD in an academic environment. Rate severity of impairment	Note: Current functional limitations should not be determined by student self-report alone. Mild Moderate Severe
Sustained attention	
Concentration during tests	
Executive functioning	
Time management	

Task initiation	
Task completion	
Working memory	
Organization	
Processing efficiency	
Reading focus/endurance	
Academic Impact in the Postsecondary Environment Please describe how the condition substantially limits one or more major life activities relevant to higher education. Please include discussion of impacts related to: • online coursework, • asynchronous learning, • timed testing, • reading/writing demands, • executive functioning, • attendance consistency, • discussion participation, • assignment completion, • and/or concentration.	
Current Treatment and Mitigating Measures	☐ Medication ☐ Therapy/coaching ☐ Behavioral interventions ☐ Academic supports ☐ Other_____
Accommodation Rationale Please identify accommodations you believe may help mitigate documented functional limitations and explain the rationale for each recommendation.	

Provider Certification (please read below)

I certify that the information provided is accurate and based upon my professional evaluation and/or treatment of this individual. *I certify that the student did not self-report a claim of ADHD but the diagnosis was based on clinical and historical evidence.*

I also certify I am not related to the student.

I understand that postsecondary institutions determine reasonable accommodations through an interactive process and that provider recommendations do not automatically guarantee specific accommodations.

Signature: _____

Students should upload the completed form into their Accommodate account.