LAKESHORE COLLEGE

Documentation of ADHD

The Accommodation Services Office provides services to students with diagnosed Attention Deficit/Hyperactivity Disorder (ADHD). To determine eligibility for services, this office requires **current comprehensive documentation** of ADHD from a qualified diagnosing **physician, psychologist, psychiatrist, or other licensed medical/mental health professional currently treating the student.**

The provider(s) should attach any reports that provide additional related information (e.g., psycho-educational testing, neuropsychological test result, etc.) ***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.***

Please Print Legibly

Student Name: _____

Date Completed: _____/_____/_____ Student's Date of Birth _____/_____/_____

1. DSM-5 diagnosis:

   ☐ Predominantly Inattentive
   ☐ Predominantly Hyperactive-Impulsive
   ☐ Combined type
   ☐ Not otherwise specified: _____

2. Date of diagnosis: _____/_____/_____

   First contact with student _____/_____/_____ Last contact with student: _____/_____/_____

3. What is the severity of the disability? Please check one:

   ☐Mild ☐Moderate ☐Severe

   Explain Severity: _____

   _____

4. List current medication(s) that may impact the student in the educational setting, and what impact they may have.

   _____

   _____

Accommodation Services
Phone: 920.693.1120 (Nicole) | 711 (Wisconsin Relay)
Email: nicole.yang@lakeshore.edu
Fax: 920.646-7262 | Web: www.lakeshore.edu

5. Please check all ADHD symptoms listed in the DSM-5 that the student currently 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 details 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 task for activities (e.g., school assignments, pencils, books, etc.)
- ☐ often easily distracted by extraneous stimuli
- ☐ 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 that are more sedate
- ☐ 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)

6. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability and degree of severity.

_____

_____

_____

_____

_____

_____

_____

7. Student's History:
    a. AD/HD History:
    Provide any evidence of inattention and/or hyperactivity during childhood in more than one setting and presence of symptoms prior to age twelve.

    _____

    _____

    _____

    b. Pharmacological History:
    Provide any relevant pharmacological history, including an explanation of the extent to which the medication prescribed to treat AD/HD has mitigated the symptoms of the disorder in the past.

    _____

    _____

    _____

8. State specific recommendations regarding academic accommodations for this student, and the rationale as to why these accommodations/services are warranted based upon the student's functional limitation. Indicate why the accommodations are necessary.

_____

_____

_____

_____

_____

_____

_____

9. If any co-morbid conditions exist, please describe.

_____

_____

_____

_____

Provider Information

Name (Please Print):		
Medical Specialty:	**License #:**	
Address:		
Phone:	**Email:**	
Clinician's Signature:		**Date:**

Please mail or fax this completed form and any additional information to:

Accommodation Services
Lakeshore College
1290 North Avenue
Cleveland, WI 53015

Fax: (920) 646.7262