

ADHD: Accommodation Support Form

NOTE: Please type or print your answers on this form.

Student Information

Student Name: _____
Student ID Number: _____
Campus Address: _____
Local Phone Number: _____
Date of Birth: _____
Date of Evaluation: _____

Student's Presenting Concerns

Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Difficulty sustaining attention | <input type="checkbox"/> Difficulty finishing tasks/projects |
| <input type="checkbox"/> Issues with time management | <input type="checkbox"/> Lack of organizational skills |
| <input type="checkbox"/> Difficulty finishing exams in the time allowed | <input type="checkbox"/> Problems taking lecture notes |
| | <input type="checkbox"/> Social difficulties |
| | <input type="checkbox"/> Other _____ |
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Diagnosis

Please check all that apply.

- Student was diagnosed with AD/HD in childhood.
 - There is no childhood diagnosis, but symptoms were present in childhood.
 - It is very likely that this student has AD/HD.
 - It is unlikely that this student's difficulties can be attributed to AD/HD
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Evaluation Tools

- Clinical Interview Review of academic records
 Information from a 3rd party Professional observation
 Self-report inventories. Please list. _____

- Objective tests of sustained attention. Please list. _____

- Tests of cognitive functioning. Please list. _____

Please attach test scores. Include any interpretive summary along with standard scores and percentile ranks.

Cognitive Deficits

This student has significant deficits in the following area(s):

- Attention/Concentration Long term memory
 Executive Functioning Working Memory
 Other _____

Impact of Cognitive Deficits

The cognitive deficits have the following impact on functioning in an academic setting: Please indicate to what degree this impacts the student (mild, moderate or severe).

- Often fails to give close attention to detail
 Difficulty sustaining attention
 Does not seem to listen when spoken to directly
 Difficulty in following through with tasks
 Disorganized and forgetful in daily activities
 Easily distracted by extraneous stimuli
 Often blurts out answers before questions have been completed, interrupts others
 Other _____

Evidence of Impact

Please indicate in which settings the student reports difficulty.

Academic Social Occupational Other

Measures Taken to Rule Out Alternative Causes

What steps were taken to rule out alternative causes for this student's difficulties? _____

Are there any other possible reasons for this student's difficulties (i.e., additional diagnoses, chronic drug or alcohol use, poor study skills/habits, etc.)? _____

Medication & Side Effects

Please list prescribed medications and any reported side effects. _____

Recommendations for Accommodations/Referrals

- Extended time for exams (time and a half)
- Extended time for exams (double time)
- Reduced distraction environment (semi-private room) for exams
- Reduced distraction environment (private room) for exams
- Note taking assistance
- Referral for personal counseling
- Referral for time management skills training
- Referral for study skills training
- Referral for organizational skills training
- Referral for test taking skills training
- Referral for further assessment. Please indicate all that apply
 - Alcohol and drug
 - Depression
 - OCD
 - Learning disability
 - Anxiety
 - Other. Please list. _____

Evaluator Information

Evaluator Name: _____
Evaluator Title: _____
Evaluator Signature: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____