Documentation Guidelines – ADD/ADHD

Students requesting support services through the ACCESS Office at Collin College are required to submit documentation after admission to Collin College to verify eligibility under the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. Academic accommodations provided through ACCESS ensure equal access to educational activities and programs at Collin College.

Current documentation must validate the need for services based on an individual’s present level of functioning. In order for a person to qualify under the Americans with Disabilities Act, ADA Amendments Act of 2008, or Section 504 of the Rehabilitation Act, a disability must substantially limit a major life function (learning). Therefore, a well-written report with an interpretive summary based on a comprehensive evaluation is a necessary component of documentation. ACCESS will determine if reasonable and appropriate academic accommodations are warranted and can be provided for an individual.

These guidelines will assist you in working with your medical professional to prepare information needed for ACCESS to determine eligibility for requested academic accommodations. The documentation must include the following:

- The evaluation must be typed on letterhead of the qualified professional, dated, and signed. It should also include the place of employment, address, and phone number of the evaluator(s).

- The evaluation must be conducted by a qualified professional with comprehensive training and relevant experience in the diagnosis of psychiatric disorders. It must include the name, title, and professional credentials of the evaluator including information about license, certification and/or area(s) of specialization.

- Qualified professionals may include: psychologists, neuro-psychologists, psychiatrists, and other relevantly trained medical doctors.

- Individual(s) completing evaluation must be impartial and not related to person being evaluated.

- The documentation must be current. In most cases, this means the diagnostic evaluation must have been completed within the past three years. If documentation is inadequate or does not address the individual’s current level of functioning and need for accommodations, re-evaluation may be necessary. In some cases, it may be necessary to update the evaluation report.
Documentation Guidelines – ADD/ADHD

- The documentation must include:
  - A history of attention problems and evidence of ongoing impulsive/hyperactivity behaviors that significantly impair functioning in more than one setting over time
  - Developmental, family, medical, and educational history
  - Relevant psycho-social history and relevant interventions
  - Review of psycho-educational testing which supports attention or learning difficulty
  - An investigation of possible medical, psychological disorders, or other factors which may cause behaviors similar to ADD/ADHD
  - Specific diagnosis of ADD/ADHD (using **definitive** language) according to DSM-IV-TR diagnostic criteria and specification of presenting symptoms and use
  - Names of assessment instrument(s) used, date administered, and both quantitative and qualitative information which supports the diagnosis
  - Severity of the condition and areas of current educational impact
  - Recommendations for prescriptive treatments and medications prescribed, if any, and the possible impact medication could have on an individual in an educational setting
  - **FUNCTIONAL LIMITATIONS** or symptoms relating to an educational setting and how these may currently impact this individual
  - Medical or psychological professional may complete **Documentation Guidelines for ADD/ADHD form** to assist in providing information requested. *This form can be used to accompany or supplement medical, educational, and psychological evaluations/reports.* Please type or print.

*Documentation received will be reviewed by a committee, and the student will be notified of the decision regarding eligibility. Documentation is reviewed weekly; however, during peak times, we request at least two to three weeks to notify student of the decision regarding eligibility. Providing documentation does not automatically qualify an individual for academic accommodations.*

**ADHD checklist form adapted from Dr. Aaron Cohen.**
Documentation Guidelines
ADD /ADHD Form

I, __________________________________, request that ___________________________
complete and submit the document below to Collin College's ACCESS Office to assist them in
determining my eligibility for academic accommodations. I consent to the release of this
information and other pertinent educational, medical and psychological
evaluations/records to Collin College. I understand that I can revoke this Consent by giving
written notice of revocation.

Student Name (Print)     Student Signature     Date     DOB

If under18 years of age, a parent must also sign this request.

(Please type or print) Per DSM-IV-TR, please complete information below and
include DSM-IV-TR code(s):

<table>
<thead>
<tr>
<th>Axis I:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis II:</td>
<td></td>
</tr>
<tr>
<td>Axis III:</td>
<td></td>
</tr>
<tr>
<td>Axis IV:</td>
<td></td>
</tr>
<tr>
<td>Axis V (GAF score)</td>
<td></td>
</tr>
</tbody>
</table>

Date of diagnosis
First date client seen
Last date client seen

☐ Interview with the student: _____________________________________________________

☐ Interviews also with: _________________________________________________________

☐ Behavioral observations: ___________________________________________________

☐ Developmental History: ______________________________________________________

☐ Medical History: ____________________________________________________________

☐ Educational History: ________________________________________________________

☐ Psycho-educational testing – consisting of ______________________________________

☐ Standardized or non-standardized rating scales used and dates ___________________

☐ Other (please specify): _______________________________________________________
### ADD / ADHD Form

**Student Name:** ____________________________  **Primary Diagnosis:** ____________________________

*Please list current medication(s) that patient is taking for this condition and how these medications might impact this patient (possible side effects) in an educational setting.*

<table>
<thead>
<tr>
<th>Medication(s)</th>
<th>Dosage</th>
<th>Effect on academic functioning</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Please provide specific and current functional limitations and the level of severity for this individual in an educational setting.*

<table>
<thead>
<tr>
<th>Major Life Activity: Learning</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focusing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustaining focus</td>
<td></td>
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<tr>
<td>Concentration</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Retention of new information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding and following directions</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Organizing information, tasks, and materials</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing internal distractions</td>
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</tr>
<tr>
<td>Managing external distractions</td>
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<tr>
<td>Managing to sit for long periods of time</td>
<td></td>
<td></td>
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<tr>
<td>Submitting materials and assignments in timely manner</td>
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<td></td>
<td></td>
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<tr>
<td>Handling Stress (Management)</td>
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<tr>
<td>Reading</td>
<td></td>
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<tr>
<td>Writing</td>
<td></td>
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<tr>
<td>Math</td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
Documentation Guidelines
ADD /ADHD Form

Student’s Name (print)                  Primary Diagnosis

***Please attach any educational, psychological, or medical evaluations you have completed on this student.

The evaluator must be impartial and not related to the person being evaluated.

Certifying Medical Professional:

Date: __________________

Professional’s Name (print)                  Signature

Professional’s Title (print)               License Number

Street Address                  Phone Number

City, State, Zip                  Fax Number

Checklist adapted from Dr. Aaron Cohen and University of North Texas ODA Office

Please mail or fax this completed form with supporting documents to address below:

ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX  75074
972-881-5898 (phone) / 972-881-5896 (fax)
Effective 8/25/11