

Office of Disability Services

Georgia State University • Suite 230 Student Center • University Plaza • Atlanta • GA • 30303
Phone: (404) 463-9044 • Fax: (404) 463-9049
Hours: Monday-Thursday, 8:00am-8:00pm • Friday, 8:00am-6:00pm

CHECKLIST FOR DOCUMENTATION OF ADHD Regents Centers for Learning Disorders

Dear Doctor:

The Regents Centers for Learning Disorders of the University System of Georgia require that the following criteria, consistent with the DSM-IV, be met in documenting ADHD in adults. Without such written documentation, a student will be unable to receive appropriate academic accommodations; that may be critical for his/her success. If you prefer to use this form rather than a narrative report, please indicate each criterion that is applicable to this student. **You must attach copies or summaries of the specific questionnaires, measures or clinical data used to establish each criterion, and include your signature.**

Student's Name: _____

Student's SS #: _____

YES / NO 1. Reported history of symptoms of ADHD by the age of seven, corroborated by an independent source.

Possible data sources: Clinical interview, past psychological evaluations, parent report, teacher report, behavior rating scale completed by parent'.

Actual data provided: (Please be specific) _____

YES / NO 2. Self-report of six or more current symptoms from the DSM-IV criteria for ADHD.

Possible data sources: Clinical interview, behavior rating scales.

Actual data provided: (Please be specific) _____

YES / NO 3. Documentation of both childhood and current adult behavior on rating scales of ADHD symptoms that have appropriate age norms.

Possible data sources: Norm based behavior rating scales

Actual data provided : (Please be specific) _____

Please attach copies of questionnaires

YES / NO

4. Corroboration of current ADHD symptoms across multiple settings by two independent observers with knowledge of the student's functioning (e.g., parent, spouse, teacher, supervisor, co-worker, relative, and/or clinician observations).

Possible data sources: Significant other interview (in person or by phone), behavior rating scale completed by significant other, classroom observations, clinician observations.

Actual data provided:(Please be specific) _____

YES / NO

5. Clear evidence of interference with developmentally appropriate academic or social functioning.

YES / NO

6. Schizophrenia, borderline personality disorder, autism or mental retardation are not the primary disability, nor are mood disorder, anxiety disorder, or substance abuse the primary cause of reported ADHD symptoms. **Assessment of these differential diagnoses must be documented.**

Possible data sources: Clinical interview, self report checklists of psychiatric symptoms. personality assessment measures.

Actual data provided:(Please be specific) _____

YES / NO

7. Assessment on which documentation is based must have **been completed no more than three years prior to the student's application for academic assistance**, OR must have been completed as an adult (18 years).

Date of assessment: _____

Please describe below the functional limitations of the AD/HD for this particular student. i.e. how does this disability impact on his/her ability to learn or demonstrate knowledge in a postsecondary setting?

Please indicate current medication(s):

Do the above medications have side effects which impact on a students ability to learn or demonstrate knowledge in a postsecondary setting? If so, how?

Please indicate below any suggestions you have on how this university might accommodate any of the functional limitations related above.

Additional information:

Signature: _____

Name: _____

Address: _____

Office Phone: _____

IF YOU HAVE ANY NEED FOR FURTHER CLARIFICATION OR HAVE ANY QUESTIONS REGARDING HOW TO FILL OUT THIS DOCUMENT, PLEASE CONTACT: The Office of Disability Services @ Georgia State University: 404-463-9044