



Attention-Deficit/Hyperactivity Disorder Documentation Form

This information submitted to the Office of Academic Support & Accessibility should reflect the most currently available information. **This ADHD Documentation Form must be:**

- a) ***Be completed by a qualified professional.***
- b) ***Be completed as clearly and thoroughly as possible.*** Incomplete responses and illegible handwriting may require additional follow up. A letter from the provider may be submitted but must address the same questions/topics in this packet.
- c) ***Be supplemented with reports which may include psycho-educational or neuropsychological reports.*** Please do not provide case notes or rating scales without a narrative that explains the results.
- d) Additional sheets may be used to expand on any particular question.

How to submit documentation:

- Submit medical documentation in a secure electronic format by using an encrypted file share service such as WeTransfer (<https://wetransfer.com>) and send the link to the encrypted file and the decryption code to academicsupport@lyon.edu.
- Scan and then upload into your Self Report prior to submitting the Self Report
- Deliver in person to
Lyon College
2300 Highland Road
Batesville, AR 72501

Date: _____

Student Name: _____ Birthdate: _____
Last First Middle

1. Date of first contact with this student: _____

Date of last contact with this student: _____

2. Disability:

____ ADHD Predominately Inattentive

____ ADHD Predominately Hyperactive-Impulsive

____ ADHD Combined Presentation

____ ADHD Unspecified Presentation

3. Severity: _____ Mild _____ Moderate _____ Severe

4. How did you arrive at the diagnosis? Please check all that apply.

____ Clinical Interview (Structured or Unstructured)

____ Psychoeducational Evaluation (Dates of testing: _____)

____ Neuropsychological Testing (Dates of testing: _____)

____ Other – Please specify: _____

5. Rate the **level of impact** you believe the student experiences in the college environment.

0 = No impact

1 = Mild

2 = Moderate

3 = Severe

____ Sitting

____ Working

____ Reading

____ Writing

____ Spelling

____ Quantitative Reasoning

____ Math Calculating

____ Interacting with Others

____ Sleeping

____ Processing Speed

____ Memorizing

____ Concentrating

____ Listening

____ Other: _____

6. Please **check all that apply** to this student:

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 requires sustained mental effort
- _____ often loses things necessary for tasks and activities (e.g., school assignments, pencils, books, etc.)
- _____ is 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
- _____ is 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 waiting turn
- _____ often interrupts or intrudes on others (e.g., butts into conversations or games)

7. Are there ***other ways the student might be impacted*** academically?

8. Describe any ***other disabilities*** and their impact.

9. Discuss any ***side effects related to treatment or medications*** that may be relevant to identifying accommodations.

10. Please state any ***recommended academic accommodations*** with rationale.

Provider Information

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____

Address: _____

Phone: _____ FAX: _____