

## ADHD Disability Assessment Form

### INTRODUCTION

Student Accessibility Services at Iowa State University provides academic services and accommodations for students with disabilities. Students are required to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Amended Act (2008). These laws define a disability as a physical or mental impairment that **substantially limits** one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access.

### COMPLETING THE ADHD DISABILITY ASSESSMENT FORM\*

The ADHD Disability Assessment Form must be completed as thoroughly as possible by a qualified healthcare professional. A qualified healthcare professional is typically a licensed clinical psychologist, neuropsychologist, psychiatrist, or a medical provider trained in mental health assessment. This professional should have comprehensive training and relevant experience in the full range of psychiatric disorders and uses a differential diagnostic practice to arrive at the ADHD diagnosis.

**\*A comprehensive diagnostic report including psycho-educational or neuropsychological test results may be submitted in lieu of this form.**

### STUDENT INFORMATION

<b>Client Name:</b>	
<b>Preferred Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	

### DIAGNOSTIC INFORMATION

Please provide responses to the following items by completing this form electronically or written in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. DSM-IV-R or DSM 5 ICD-10 diagnosis: (REQUIRED)

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2. Original Date of Diagnosis:  
(mm/dd/yyyy)

3. Contact with Student:  
Date of first contact with student: (mm/dd/yyyy)  
Date of last contact with student: (mm/dd/yyyy)

4. Diagnostic Information:  
What information was collected to arrive at the diagnosis? (Please include diagnostic report of assessment(s) if available)

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Clinical interview with the student
- Interviews with others (parents, teachers, spouse or significant others)
- Neuropsychological or psycho-educational testing  
Date(s) of testing: (mm/dd/yyyy)
- Other (Please specify):

5. Differential Diagnoses:  
What other diagnoses were considered and why were they ruled out?

6. Please check all ADHD symptoms listed in the DSM-5/ICD-10 that the student **currently** exhibits:

Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, at work or during 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 fails to finish schoolwork, chores, or duties in the workplace.
- 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 tasks or activities (e.g. school assignments, pencils, books, tools, etc.).
- is often easily distracted by extraneous stimuli or unrelated thoughts.
- is often forgetful in daily activities.

Hyperactivity and Impulsivity:

- often fidgets with or taps with hands or feet or squirms in seat.
- often leaves seat in situations when remaining seated is expected.
- often runs about or climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless).
- often unable to play or engage in leisure activities quietly.
- is often "on the go," acting as if "driven by a motor."
- often talks excessively.

- often blurts out an answer before a question has been completed.
- often has difficulty waiting his or her turn.
- often interrupts or intrudes on others (e.g. butts into conversations or activities).
- may start using other people's things without asking or receiving permission; may intrude into or take over what others are doing.

7. Assessment of a Functional Limitation to Learning:

Please rate the frequency/duration and severity (using "x") of the condition's impact on major daily life activities to the best of your knowledge. For comparison purposes, please use same age peers in a postsecondary setting.

Major Life Activity	Frequency/Duration 0-4 Scale 0=never, 1=rarely, 2=intermittent, 3=daily/frequently, 4=chronic	Severity			
		Unknown/ N/A	Mild	Moderate	Severe
Initiating Activities					
Concentration					
Following Directions					
Memorization					
Persistence					
Processing Speed					
Organizational Skills					
Sustained Reading					
Sustained Writing					
Problem Solving					
Listening					
Sitting Still					
Speaking					
Interacting with Others					
Sleeping					
Other: please specify-					
Other: please specify-					

**8. Specific Accommodation Recommendations:**

Please list your recommendations for accommodations within the academic environment. Please provide an explanation or rationale for the recommendation utilizing data from objective measures, the educational record or other data sources. If available in a separate report, please include that report.

Accommodation Recommendation	Rationale

**9. Certifier Information/Credentials (REQUIRED):**

Clinician Name (print)	
Clinician Name (signature)	
Medical Specialty	
License	
Address	
Phone	
Email	
Date	

Please send this completed form and any additional documentation to:

**Student Accessibility Services  
Dean of Students Office  
1076 Student Services Building  
2505 Union Drive  
Ames, IA 50011**

**Phone: 515-294-7220**

**FAX: 515-294-2397**

**Email: [accessibility@iastate.edu](mailto:accessibility@iastate.edu)**

If you have any questions, please feel free to contact our office. Thank you.