

Accessibility Services

WOFFORD COLLEGE

ADHD Documentation Form

This ADHD Documentation Form will be used to support a student's request for disability accommodations at Wofford College. It should:

- a. **Reflect the most currently available information**
- b. **Be completed by a qualified professional**
- c. **Be completed as clearly and thoughtfully as possible.** Incomplete responses and illegible handwriting may require additional follow up.
- d. **Be supplemented with reports or additional testing, if applicable.** Please do not provide case notes or test results without a narrative that explains the content.

*We must first determine if this is an Otherwise Qualified Individual with a Disability. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. The presence of a diagnosis (label) does not necessarily equate with a disability (substantial limitation).*

Student Name: _____ Birthdate: _____
Last First M.I.

Date of initial assessment for diagnosis: _____

Date of most recent assessment: _____

Diagnosis:

- ADHD, Predominantly Inattentive Presentation
 ADHD, Predominantly Hyperactive/Impulsive Presentation
 ADHD, Combined Presentation

What methods were used for diagnosis? Please check all that apply

- Clinical Interview
 Psychoeducational Evaluation
 Neuropsychological Testing
 Other evaluation (Connors, Vanderbilt, etc.) – Please specify: _____

If no formal evaluation (psychoeducational or neuropsychological) is attached, list DSM-5 diagnostic criteria met by this student:

_____	_____
_____	_____
_____	_____
_____	_____

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

0 = No impact 1 = Mild 2 = Moderate 3 = Severe

_____ Sitting	_____ Writing	_____ Quantitative
_____ Interacting with Others	_____ Memorizing	_____ Reasoning
_____ Working	_____ Spelling	_____ Listening
_____ Sleeping	_____ Concentrating	_____ Math Calculating
_____ Reading		_____ Other:
_____ Processing Speed		_____

List any *other diagnoses present* and their impact on the student

Discuss any *side effects related to treatment or mediations* that may be relevant to identifying accommodations:

Please *provide any additional information you feel is pertinent* or may be of use in the accommodation process.

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____ State: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

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