



**Attention Deficit Disorder and
Attention Deficit Hyperactivity Disorder
Documentation Release of Information Form**

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide **current** documentation of their disability. This documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and it substantially limits and impacts the major life activity of learning. If accommodations, academic adjustments and/or auxiliary aids are being requested, the documentation provided must support the request. Appropriate accommodations will be determined based on the specific information submitted in the documentation.

Please sign this **Release of Information Form** and submit it with the required **Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Documentation Form** and report(s) completed by a qualified professional evaluator to:

Disability Services
Chippewa Valley Technical College
620 West Clairemont Avenue
Eau Claire, WI 54701
715-833-6234 Fax: 715-833-6470

I, _____, hereby authorize the release of requested information to the Disability Services Office at Chippewa Valley Technical College for the purpose of determining my eligibility for educational accommodations. Authorization remains in effect for **one (1) year** from the date of my signature.

I understand that I have the right to refuse to sign this authorization form and it may be revoked in writing at any time prior to the disclosure of this information.

Re-disclosure Notice: The information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by HIPAA.

Student Signature

Date

Date of Birth: _____



**Attention Deficit Disorder and
Attention Deficit Hyperactivity
Documentation Form**

Please note that this form requires both medical documentation from a licensed physician and educational recommendations based on the diagnostic findings of an educational psychologist or other qualified professional.

Student Name: _____ **DOB:** _____

Part I: Medical Diagnosis

(Part I must be completed by a licensed physician.)

Diagnostic code (DSM-IV) _____

Level of Severity: _____

Date of Diagnosis: _____

Date of Last Visit: _____

Please check the appropriate diagnostic criteria for ADD/ADHD

1. Some hyperactive, impulsive or inattentive symptoms that caused impairment were present before age 7 years.
2. Some impairment from the symptoms is present in two or more settings.
3. There is clear evidence of clinically significant impairment in social, academic, or occupational functioning.
4. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.
5. Either (1) or (2)
 - (1) Inattention (minimum of six present to a significant degree)**
 - a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
 - b) often has difficulty sustaining attention in tasks or leisure activities
 - c) often does not seem to listen when spoken to directly
 - d) often does not follow through on instructions and fails to finish coursework, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
 - e) often has difficulty organizing tasks and activities
 - f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
 - g) often loses things necessary for tasks or activities
 - h) is often easily distracted by extraneous stimuli
 - i) is often forgetful in daily activities

(2) Hyperactivity-Impulsivity (minimum of six present to a significant degree)

- a) often fidgets with hands or feet or is restless when seated
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) feelings of restlessness
- d) is often "on the go" or often acts as if "driven by a motor"
- e) often talks excessively
- f) often blurts out answers before questions have been completed
- g) often has difficulty awaiting turn
- h) often interrupts or intrudes on others

ADDITIONAL INFORMATION

Was medication prescribed? No Yes (please list) _____

Amount and frequency of administration: _____

Frequency of monitoring: _____

Response to medication: _____

Is there any indication that this student may have an additional diagnosis like depression, anxiety, learning disability etc.?

No Yes (please describe) _____

Have you recommended any type of therapy or additional testing?

No Yes (please describe) _____

List accommodations provided in previous educational settings that you deem necessary for learning success: _____

Licensed Physician Name: _____
(Please Print)

License Number: _____

Clinic Name: _____
(Please Print)

Address: _____ Phone: _____

Physician's Signature: _____ Date: _____

Part II: Educational Recommendations *(To be completed by an educational psychologist or other qualified professional.)*

ADHD Testing Recommendations *(Adapted from: Educational Testing Service Policy Statement for Documentation of ADHD in Adolescents and Adults)* In addition to medical diagnosis of ADHD, if the individual with a disability anticipates a need for academic accommodations (i.e., extended time on tests, a separate testing room, etc.), relevant testing results and interpretive information must be provided. This assessment must demonstrate the current impact of the ADHD on an individual’s ability to take standardized tests. In addition, neuropsychological or psycho-educational assessment is important in determining the current impact of the disorder on an individual’s ability to function in academically related settings. A complete psycho-educational assessment is a primary tool for determining the degree to which the ADHD currently impacts the individual relative to taking standardized tests. The evaluator must objectively review, and include with the evaluation report, relevant background information to support the diagnosis and its impact within the current educational environment. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles.

Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment. **All data must logically reflect a substantial limitation in the area of learning for which the individual is requesting the accommodation.**

The following list includes five broad domains that are frequently explored when arriving at an ADHD diagnosis and subsequent recommendations for academic accommodation. This listing is provided as a helpful resource but is not intended to be definitive or exhaustive:

1. Clinical Interview
2. Rating Scales
3. Neuropsychological and psycho-educational testing
 - a. Aptitude/Cognitive Ability (“brief” forms not recommended)
 - b. Academic Achievement (the WRAT is not a comprehensive measure of achievement and, therefore, is not considered suitable)
 - c. Information Processing
4. Medical Evaluation
5. Collateral Information (Third party sources which can be helpful; i.e. from parent, spouse, teacher(s), old school reports, etc.)

Please include in the evaluation report **recommendations** for academic support and accommodations **that are based on current test results.**

Educational Psychologist’s Signature: _____

Address: _____

Phone: _____

Date: _____