

Disability Form: Students with Functional Limitations

Date: _____ Name of Student: _____ Birthdate: _____

Dear Medical Professional:

The student whose name appears above has applied for disability services or accommodations at the Disability Support Services at St. Mary's University. In order for the DSS Office to establish whether this student has a disability and to determine his/her eligibility for services, we will need your clinical assessment/diagnosis of this student. A disability is defined as a physical impairment that substantially limits one or more major life activities such as those delineated below. Thank you for your time and assistance in this matter. (This form is for use for Attention Deficit Disorder)

1. Date of contact with this individual: _____

Date of last contact with this individual: _____

2. DSM 5 Diagnosis: Please indicate by checking:

- ADHD Predominately Inattentive
- ADHD Predominately Hyperactive-Impulsive
- ADHD Combined Type
- ADHD Not Otherwise Specified

3. Level of severity: Mild Moderate Severe

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

- Behavioral Observation Developmental History Medical History
- Structured or unstructured clinical interview with the individual Rating Scales
- Interviews with other persons
- Neuro psychological testing (dates of testing) _____
- Other: (please specify) _____

5. Functional Limitations: Please check the level of limitation you believe your patient experiences in the college environment as a result of his or her disability. Rate and indicate only those boxes that apply.

0 = Not a problem 1 = Mild 2 = Moderate 3 = Severe

- Caring for oneself Talking Hearing Breathing Seeing
- Walking/Standing Sitting Eating Working Sleeping
- Lifting/Caring Performing Manual Task Interacting with Others

Learning Skills:

- Reading Writing Spelling Qualitative Reasoning
- Math Calculation Processing Speed Memorizing Concentrating
- Other: _____

Signature of Professional and License No. Print Name Date

6. Please check all ADHD symptoms listed in the Diagnostic and Statistical Manual of Mental Disorder, (DSM 5) that the student currently exhibits:

Inattention:

- often fails to give close attention to details or makes careless mistakes in school 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 work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
 often has difficulty organizing tasks and activities
 often avoid, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
 often loses things necessary for task and activities (school assignments, pencils, books, tools, etc.)

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. Please describe any currently prescribed medications, including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.
8. Are there other specific symptoms manifesting themselves at this time that might affect the student's academic performance?
9. Please identify any other current psychological or physical disorder or condition you have diagnosed, or which you have on record for this individual:
10. State specific recommendations regarding academic accommodations for this student. Include a rationale as to why each accommodation is recommended and how the accommodations is relevant to this student's functional limitations. In other words, why is the specific recommendation for this particular accommodation necessary for this student?

Signature of Professional and License No.
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Printed Name

Date