HARFORD COMMUNITY COLLEGE
CERTIFICATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

The student named below has applied for services from Harford Community College's Disability Support Services Office. In order to be able to determine eligibility and what, if any accommodations are warranted, documentation or additional documentation is needed.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities (e.g. learning). *A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations.* The documentation must also support the request for accommodations and explain how the disability impacts learning.

Please complete the form and return by mail or fax to:

Harford Community College
Disability Support Services
401 Thomas Run Road
Bel Air, Maryland 21015
Attn: _____
Fax: 443.412.2200

Date: _____

Clinician's Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____

Please note: it is NOT appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

Name of Student: _____ Date of Birth: _____

I, _____, authorize a release of information, allowing the Disability Support Services Office at Harford Community College to contact the physician completing this form to obtain additional information or clarification in order to determine reasonable accommodations.

_____ _____
Signature Date

Effective 8/21/13
Office of Disability Support Services

DIAGNOSIS:

Date of Diagnosis: _____

Date First Seen: _____

Date Last Seen: _____

DSM Diagnosis Code	DSM Diagnosis Description
❑ 314.00	Predominately Inattentive Type
❑ 314.01	Predominately Hyperactive – Impulsive Type
❑ 314.01	Combined Type
❑ 314.09	Not Otherwise Specified Type

CLINICAL DESCRIPTION OF DIAGNOSIS: *Please check all relevant symptoms and add additional symptoms not listed here in the space provided below.*

INATTENTION:

- ❑ Careless Mistakes
- ❑ Poor Follow Through
- ❑ Loses Things
- ❑ Inattentive
- ❑ Disorganized
- ❑ Easily Distracted
- ❑ Doesn't Listen
- ❑ Avoidant Behavior
- ❑ Forgetful

HYPERACTIVITY:

- ❑ Fidgety
- ❑ "On the Go"
- ❑ Need to Leave Class
- ❑ Talks Excessively
- ❑ Restlessness

IMPULSIVITY:

- ❑ Blurts Outs Answers
- ❑ Difficulty Waiting
- ❑ Interrupts Others

ADDITIONAL SYMPTOMS:

- ❑ Aggressive Behavior
- ❑ Irritability
- ❑ Thrill Seeking
- ❑ Avoidant Behavior
- ❑ Nervousness
- ❑ Time Management Issues
- ❑ Impaired Concentration
- ❑ Procrastination

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In addition to the DSM IV Criteria, how did you arrive at your diagnosis? Please check all relevant items listed below and add brief notes that you feel might be helpful to us as we determine which accommodations and services are appropriate for this student:

- ❑ Structured or unstructured interviews with the student
- ❑ Interviews with other person(s) (Relation to Student: _____)
- ❑ Behavioral Observations
- ❑ Developmental History
- ❑ Educational History
- ❑ Medical History
- ❑ Standardized or un-standardized rating scales
    - Name of Instrument: _____
    - Name of Instrument: _____
- ❑ Neuropsychological Evaluation
    - o Date(s) of Testing: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
- ❑ Psychoeducational Evaluation
    - o Date(s) of Testing: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
- ❑ Psychological Evaluation
    - o Date(s) of Testing: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
        - Name of Instrument: _____
- ❑ Other:

_____

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Please attach any collateral information to this form including educational, attentional and/or neuropsychological testing.

Please describe the following:

DEVELOPMENTAL HISTORY: Please provide pertinent developmental information that was obtained from the student or parent(s)/guardian(s):

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ADHD HISTORY: Please provide information supporting the diagnosis of ADHD. Indicate any symptoms that were present during childhood and/or early school years (e.g. day dreaming, was disruptive, unable to sit still, spoke out of turn, difficulty with directions, often misplaced things, etc.):

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FAMILY HISTORY: Please provide pertinent information regarding the family's medical and/or psychological history:

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MEDICAL HISTORY: Please provide pertinent medical information, including any medical evaluations that rule out medical causes of the current symptoms:

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PSYCHOLOGICAL HISTORY: Please provide pertinent psychological history, including any evaluations that rule out psychological causes of the current symptoms:

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PSYCHOSOCIAL HISTORY: Please provide pertinent information regarding the student's psychosocial history. Include any history of verbal and/or physical confrontation; history of employment and/or educational difficulties; history of risk taking behaviors, dangerous activities, or impulsive behaviors; history of accidents; and history of relationship difficulties:

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HOW DOES THE STUDENT'S CONDITION CURRENTLY IMPACT HIS OR HER FUNCTIONING? *Please check to indicate your response.*

Severity:	❑ Mild	❑ Moderate	❑ Severe
Duration:	❑ Chronic	❑ Episodic	❑ Short – term
Stability:	❑ Stable	❑ Unstable	

Please explain the severity, frequency, and pervasiveness of the condition below. Clearly explain how the symptoms related to the student's condition cause significant impairment in two or more settings (e.g. school, work, home). Include a detailed explanation of how the disorder limits the student's functioning in an educational setting for learning or taking tests.

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Please describe the stability and/or the expected progression of the disability, including expected changes over time and context.

Stability/Prognosis or Progression of Condition: _____

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MEDICATION:

Please list current medication, including dosage and frequency:_____

_____

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Please explain what symptoms are alleviated by medication and what symptoms will still exist: _____

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Side effects from current medication: _____

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How do these side effects affect the student in an educational setting (e.g. difficulty focusing, difficulty remembering, etc)? _____

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What medication changes (including dosage changes) have there been within the last six months? _____

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ACCOMMODATIONS: Please include recommendations for accommodations in an educational setting and indicate the reason these accommodations are warranted if the current treatments are successful. Specify how the accommodations and strategies directly relate to the symptoms and/or functional limitations (e.g. extended time because of focusing difficulties).

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