

CERTIFICATION OF ADHD

The student named below has applied for services from the Student Disability Resource Center (SDRC) at UC Riverside. In order to determine eligibility and to provide services, we require documentation of the student's Attention-Deficit/Hyperactivity Disorder. Under the Americans with Disabilities Act as Amended (ADAAA) of 2008 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 substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must support the requested accommodations.

Please submit completed form to SDRC. The information you provide will *not* become part of the student's academic records, but will be kept in the student's file at SDRC, where it will be held in accordance with federal laws regulating privacy of student records. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: _____ Student's UCR Email _____

Today's Date: _____ Initial Date of ADHD Diagnosis: _____
Date Student was Last Seen: _____ Number of sessions for this diagnosis: _____

**What is the nature of the student's neurodevelopmental health impairment?
DSM-V DIAGNOSIS (include DSM V or ICD 10 Codes, include subtypes and specifics)**

- | | |
|--|---|
| <input type="checkbox"/> 314.00 (F90.0) Predominantly inattentive presentation | <input type="checkbox"/> 314.01 (F90.2) Combined presentation |
| <input type="checkbox"/> 314.01 (F90.1) Predominantly hyperactive-impulsive presentation | <input type="checkbox"/> 314.01 (F90.8) Other Specified ADHD |
| <input type="checkbox"/> The student does not meet diagnostic criteria for ADHD | <input type="checkbox"/> 314.01 (F90.9) Unspecified ADHD |

Other Diagnosis: _____
Other Diagnosis: _____
Other Diagnosis: _____

1. In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, **adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student. Please submit all diagnostic testing to SDRC with this form.**

Check Assessment or Evaluation Procedure use to Make Diagnosis

<input type="checkbox"/> Structured or unstructured interviews with the student	<input type="checkbox"/> Interviews with other persons
<input type="checkbox"/> Developmental history	<input type="checkbox"/> Behavioral observations
<input type="checkbox"/> Neuropsychological testing Date(s) of testing- Attach Report	<input type="checkbox"/> Medical history
<input type="checkbox"/> Psychoeducational testing Date(s) of testing- Attach Report	<input type="checkbox"/> Educational history
<input type="checkbox"/> Standardized or non-standardized Rating scales –Attach Report	<input type="checkbox"/> Other (please specify):

2. What medications is the student currently taking? How effective is the medication? How might side effects, if any, affect the student's academic performance?

3. Please check which of the major life activities below are currently affected because of the ADHD diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Sustained Attention/Focus					
Attentiveness (attention to details)					
Managing internal or external stimuli					
Organization of tasks or activities and Planning					
Distractibility					
Fidgets with or taps hands, feet, or squirms in seat					
Internal restlessness					
Processes information by talking aloud					
Fine motor skills / writing / penmanship					
Being still for a prolonged period of time (e.g., exams)					
Concentration					
Initiation / Activation / Getting started on tasks					
Motivation					
Memory: using working memory and accessing recall					
Problems with visual tracking when reading (visual tracking)					
Auditory processing					
Setting and working with long-term goals					
Difficulty making decisions					
Social Interactions					
Emotion: managing frustration and modulating emotions					
<input type="checkbox"/> Insomnia / <input type="checkbox"/> Hypersomnia					

4. What other specific symptoms are manifesting themselves at this time that might affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

Check One: 3 months or less ≈ 6 months ≈ 1 year Permanent/Chronic Unknown

6. Is there anything else you think we should know about the student's disability (e.g., frequency of appointments)?

CERTIFYING LICENSED PROFESSIONAL*

Printed Name: _____ Signature: _____

License Number: _____

Psychiatrist Neurologist Psychologist Primary Care Physician LCSW/LMFT

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____

* Professionals conducting assessments, rendering diagnoses of ADHD and making recommendations for accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of mental disorders are essential. The diagnosing professional must have expertise in the differential diagnosis of ADHD, mental disorders or neurological conditions and follow established practices in the field. In accordance with professional ethics, this form cannot be completed by a family member.