Guidelines for Documentation
Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), or other Psychiatric Disorder

Disability Services Office (DSO) of Brigham Young University Idaho needs documentation of your disability. Request for accommodations or auxiliary aids need to be evaluated to determine eligibility for services. Evaluation by an appropriate professional can provide evidence of the current disability and its impact on you and how it relates to the accommodation(s) requested. This documentation will provide evidence that meets the criteria for a diagnosis of ADD or ADHD (or other psychiatric disabilities).

Below is a form developed to assist you in working with your treating/diagnosing professional(s) to prepare the information needed to evaluate your request(s). If you have any questions after reading these guidelines, please feel free to call the office at (208) 496-9210. You may fax to our secure fax line: (208) 496-5210 or bring the information with you.

Our mailing address is:
Brigham Young University Idaho
Disability Services Office
McKay Library 156 & 158
Rexburg, ID  83460-0425

Additional information may be found at:
http://www.byui.edu/disabilityservices

This form should be completed by a physician or doctoral level psychologist whose specialty area is consistent with the diagnosis.

Student ______________________________________ Date _________________________
Student ID ____________________________________ Birth Date ____________________

To be completed by the diagnostic professional.

1. When was your last contact with the student? _______________________________

_______________________________________________________________________

2. What was the diagnosis? (Please include current GAF score)________________

_______________________________________________________________________

_______________________________________________________________________

3. Please include current GAF score ________ or functional level (Circle): Mild Moderate Sever

4. What was the date of diagnosis? ______________________________________

5. What were the diagnostic criteria used (e.g. DSM or ICD)? Describe the significant factors experienced by this individual in an education setting. ____________________________________________________________

_______________________________________________________________________
6. What treatments and/or medication is recommended? If the student is currently medicated, indicate the adverse side effects, and the effectiveness of the medication.

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7. Describe the developmental, educational and medical evidence used in making your diagnosis. To assist us determining the needed accommodations and services, please include information that can be used to determine the range and impact of the condition. List the instruments and procedures used to diagnose and ADD, ADHD, or other psychiatric condition (i.e. clinical interview, psycho-educational testing, behavioral rating scales, etc.) Include all the test scores and subtest scores as well as reporting the conclusions of these assessments. If available, please include a diagnostic report.

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8. In an educational setting, how does the ADD, ADHD, or other psychiatric condition impact this student (functional limitations)?

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9. Are there any indications an additional diagnosis (i.e., anxiety, learning disability, depression, bipolar, etc.) needs to be ruled out? Please describe pertinent characteristics and your rationale to suspect this secondary diagnosis.

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10. What recommendations do you have regarding accommodations/supports for the student in a college setting?

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Additional Comments: _____________________________________________________
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Signature: _______________________________ Date: ____________________

Print Name: ________________________________________________

Specialty: ________________________________________________

Address: ________________________________________________

Phone: _______________________________ Fax: ____________________