Student Ability Success Center  
San Diego State University

Documentation Guidelines for AD/HD

In order to determine eligibility for accommodations and services from Student Ability Success Center (SASC) at San Diego State University, verification and supporting documentation of the student's disability must clearly demonstrate that he or she meets the definition of disability as stated in the ADA Amendments Act of 2008 (ADAAA). The impairment must substantially limit one or more major life activities and affect the student's ability to function in an academic environment.

Before receiving services, each student seeking accommodations and services from SASC must have a comprehensive evaluation on file, which demonstrates impaired attention and/or hyperactivity/impulsivity. The disability must be verified by a licensed professional who has expertise in the differential diagnosis of AD/HD and with direct experience with an adult population. If possible, a psycho-educational evaluation should be provided, since it will be useful in determining the current impact of the AD/HD on academic functioning. If provided, it must include an assessment of aptitude as well as academic achievement with all subtests and scores reported.

Documentation of disability must include:

1. Clinician's name, title, license number, phone number and address, and date(s) of examination.

2. A summary of educational, medical, family histories and behavioral observations, which substantiates a diagnosis of AD/HD.

3. Prior assessment to determine a history of attention problems if it established the diagnosis, with a statement of how the disorder substantially interferes with the student's educational progress.

4. If applicable, information relating to current medication used to treat AD/HD and the impact (if any) of the medication on the student's ability to meet academic demands.

5. A clear statement of the DSM-IV diagnosis and instruments used in making the diagnosis. Alternative diagnoses and medical or psychological disorders with behaviors that appear similar to AD/HD must be ruled out.

Recommended instruments to be used are:

- **Aptitude**: Wechsler Adult Intelligence Scale (WAIS-III or WAIS-IV) or Woodcock Johnson–III (WJ-III) Tests of Cognitive Ability-extended.

- **Achievement**: Wechsler Individual Achievement Test-III (WIAT - III) or Woodcock Johnson-IV (WJ-IV) Tests of Achievement and Nelson Denny Reading Tests (optional).

Requests for accommodations are considered on a case-by-case basis and the determination of actual services and accommodations will be made by the Student Ability Success Center.
Disability Verification
(AD/HD)

The student named below may be eligible for services and accommodations offered through the Student Ability Success Center at San Diego State University. In order to determine eligibility, verification and documentation of the student’s disability must clearly demonstrate that he or she has one or more functional limitations in the academic environment. Please note that the determination of actual services and accommodations will be made by the Student Ability Success Center.

TO BE COMPLETED BY STUDENT (Please type or print legibly in ink):

Last Name: ________________________ First Name: ________________________

Red ID#: ________________________ Date of Birth: ________________________

I authorize the release of the information requested below to the Student Ability Success Center at San Diego State University.

Student’s Signature: ________________________ Date: ________________________

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

1. Diagnosis:

________________________________________________________________________

2. Multiaxial DSM IV Classification(s):

________________________________________________________________________

3. The disability is:

☐ permanent ☐ temporary and expected to last through ________________________

4. Level of severity:

☐ Mild ☐ Moderate ☐ Severe

5. Date of first office visit: ________________________ 6. Date of last office visit: ________________________

6. Date(s) of diagnosis:

________________________________________________________________________
7. Assessment/evaluation procedures. Attach scores of all tests administered. If available, please include a psychoeducational report.


Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

(A) Either (1) or (2):

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level;

**INATTENTION**

- Often fails to give close attention to details or makes careless mistakes in schoolwork, 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 schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

**HYPERACTIVITY**

- Often fidgets with hands or feet or squirms in seat
- Often leaves 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 quietly
- Is often “on the go” or often acts as if “driven by a motor”
- Often talks excessively
IMPULSIVITY

<table>
<thead>
<tr>
<th></th>
<th>Often blurts out answers before questions have been completed</th>
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<tr>
<td></td>
<td>Often has difficulty awaiting turn</td>
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<td>Often interrupts or intrudes on others (e.g. butts into conversations or games)</td>
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(B) Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

(C) Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

(D) There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

(E) 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 (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or Personality Disorder).

9. Relevant background information (student’s history related to disability):
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

10. How does the student’s disability affect his/her ability to function in an academic environment? (e.g., mobility, classroom activities, memory, perception, processing speed, etc.)
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________

11. Current prescribed medications related to disability:

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<tr>
<th>Medication</th>
<th>Dose/Frequency</th>
<th>Effects/Side Effects</th>
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I certify that the above referenced client/patient has a “physical or mental impairment that substantially limits one or more of the major life activities of such individual” as defined by the ADA Amendments Act of 2008 (ADAAA). In addition, I have the necessary professional qualifications to document my client/patient’s disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (PLEASE PRINT):  ____________________________________________

Signature of Professional:  ______________________________________________________

License#:  ___________________________ Date:  ______________________________

Address:   _____________________________________________________________________

Phone#:  _________________________ Fax#:  ________________________________

Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

Student Ability Success Center
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4740

Telephone:  (619) 594-6473
Fax:  (619) 594-4315