ADHD Certification Form

Villanova University
Learning Support Services
800 Lancaster Avenue
Villanova, Pennsylvania 19085- 1673
(610) 519- 5176 FAX: (610) 519- 8015
EMAIL: learning.support.services@villanova.edu

CERTIFICATION OF ATTENTION DEFICIT / HYPERACTIVITY DISORDER

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 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 and academic adjustments. In order to determine eligibility and to provide services, we require documentation of the student's disability of Attention Deficit/Hyperactivity Disorder. **The information provided on this form is critical in helping determine appropriate accommodations. Please fill out the form in its entirety.**

After completing this form, please print it out, sign it, and you can either mail, email, or FAX it to us at the address listed above or you can return it to the student so they can upload it to our secure online data management system, ClockWork. The information you provide will not become part of the student's educational records but will be kept in the student's file at the Office of Learning Support Services, where it will be held strictly confidential. 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.

1. **Student's Name**:

2. **Student's Date of Birth**:

3. **Today's Date:**

4. **What is your DSM-V diagnosis for this student?**
   Diagnosis: _____
   Combined Presentation _____
   Predominantly Inattentive Presentation _____
   Predominantly Hyperactive-Impulsive Presentation _____

5. **Date of Diagnosis: (month, day, year)**

6. **Date student was last seen: (month, day, year)**

7. **Which of the following helped you arrive at the diagnosis?**
   - **_____Structured or unstructured interview with the person**
   - **_____Interviews with parents, teachers, family members, etc., or questionnaires completed by them.**
   - **_____Developmental history**
   - **_____Educational history**
   - **_____Medical history**
   - **_____Psycho-educational / Neuro-psychological testing**
     Date(s) of testing?_____
   - **_____Standardized or non-standardized Rating Scales**
   - **_____Other (please specify below)**

_____

_____

8. **Please indicate which symptoms of <u>Inattention</u> have been present for at least 6 months and are inappropriate for the student's developmental level:**

   ☐ Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities
   ☐ Often has trouble holding attention on tasks
   ☐ Often does not seem to listen when spoken to directly
   ☐ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked)
   ☐ Often has trouble organizing tasks and activities
   ☐ Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework)
   ☐ Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, glasses, cell phone)
   ☐ Is often easily distracted
   ☐ Is often forgetful in daily activities

9. **Please indicate which symptoms of <u>Hyperactivity and Impulsivity</u> have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:**

   ☐ NOT APPLICABLE
   ☐ Often fidgets with or taps hands or feet, or squirms in seat
   ☐ Has difficulty staying seated / often leaves seat in situations when remaining seated is expected
   ☐ Often feels restless
   ☐ Often unable to play or take part in leisure activities quietly
   ☐ Is often "on the go" acting as if "driven by a motor"
   ☐ Often talks excessively

☐ Often blurts out an answer before a question has been completed
☐ Often has trouble waiting his/her turn
☐ Often interrupts or intrudes on others

10. Please indicate which major life activities are impacted as a result of the student's diagnosis of AD/HD.

Life Activity	**No Impact**	**Moderate Impact**	**Severe Impact***	**Don't Know**
Attention/Concentration				
Organization				
Motivation				
Sustained Focus				
Memory				
Sleep Disturbance				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Following directions				
Making and keeping appointments				
Stress management				
Math				
Reading				
Written Expression				

***Please provide additional relevant details for life activities listed as severe impact.**

_____

_____

11. Is this student currently taking medication(s) to manage AD/HD symptoms?

Name of medication(s):

Date(s) first prescribed:

Does the student have a plan in place for refilling the medication while at school?

Effect on academic functioning:

Side effects:

Do limitations/symptoms that impact learning persist even with medications? If so, please explain.

_____

_____

12. Are you aware of any comorbid disorders that the student may be experiencing? If so, please explain.

_____

_____

13. Please share any other information about the impact of the student's AD/HD that may be helpful to Learning Support Services.

_____

_____

_____

CERTIFYING PROFESSIONAL *

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

City, State, Zip

Telephone No.

FAX

***Qualified diagnosing professionals are licensed physicians, psychologists, psychiatrists, and neurologists. The diagnosing professional must have expertise in the diagnosis of Attention Deficit / Hyperactivity Disorder and follow established practices in the field.**