



Documentation of ADHD

Accessible Education

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Purpose of this form

Accessible Education (AE) requires documentation from a licensed psychologist, psychological associate, psychiatrist, or other relevantly trained physician, who has in-depth knowledge of a student's condition, in order to arrange academic accommodation and/or related services. Information on this form also may be used to assess a student's eligibility for financial support. Documentation should be as complete as possible in order to facilitate AE's assessment of a student's request for services.

To be completed by student

Student Name: _____ Date of Birth: ____/____/____

(Year/Month/Day)

Student Number: _____

I authorize the professional named below to disclose to Accessible Education (AE) information on this form and additional or clarifying information that is necessary for provision of disability services at Western University. I also authorize AE to communicate with this professional in order to obtain information that is relevant to provision of AE's services.

Date : _____ Student Signature : _____

Student's informed authorization for disclosure of information is obtained in accordance with the following sections of the *Freedom of Information and Protection of Privacy Act*. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the *use* of personal information and sections 42.(1)(b), s.42(1)(c), and s.42(1)(d) allowing for the *disclosure* of personal information.

To be completed by licensed health care professional

Name (please print):

Registration Number:

Address of professional:

Telephone #: _____

Fax #: _____

Profession:

Psychologist Psychiatrist Family Physician Pediatrician Other _____

Signature:

Date:

Diagnostic Statement

Please provide a clear DSM diagnostic statement or indicate that the student's difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions.

Diagnosis

1. Date the diagnosis was first established: _____

2. Date the student was most recently seen by you: _____

3. Has this student undergone a psychological, neuropsychological, or psychoeducational assessment?
Yes No

4. Has this student completed any standardized or non-standardized rating scales? Yes No

If yes, please specify the scales used:

5. Is this student currently taking medication(s) for their symptoms? Yes No

If yes, describe the medication(s) and their effect on the ability to complete academic activities:

If yes, do limitations/symptoms persist even with medications? Yes No

6. Is the student involved in any other (i.e. non-pharmacological) treatment for their symptoms?

7. Do you consider this student to be in stable condition and able to cope with typical academic stresses?
Yes No

8. While this student is enrolled at the University, will you be monitoring him/her on a regular basis?

_____ Yes, every: _____ OR _____ No, this student will be followed by:

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9. Please check which of the abilities and activities below are affected by the student's current symptoms. Please indicate the level of limitation.

Abilities & Activities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Concentration					
Attending to and processing information					
Sleeping					
Stress Management					
Managing distractions					
Organization					
Time management					
Other (please specify)					

10. Please list any other current symptoms of the disorder and their level of severity.

11. Please list your recommendations for support services along with your rationale for each recommendation. Please specify the rationale in terms of specific functional limitations related to this student's ADHD:

12. Are there situations that may worsen this student's condition?

Statement of Permanent Disability

The designation of permanent disability has legal implications and is used in determining a student's eligibility for government grants and loans. Please refer to the following definition of permanent disability when answering the question below it.

Permanent disability is defined as a functional limitation due to a disorder that restricts a person's ability to perform daily activities necessary to participate in post-secondary studies and is expected to remain with the person for the person's expected life.

In your professional opinion, does the student's condition meet criteria for a permanent disability as defined above? Yes No

Additional Information:

Thank you for taking the time to complete this form.