



Documentation of ADHD

Services for Students with Disabilities

Student Support Services

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Purpose of this form

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

To be completed by student:

Student Name: _____

Date of Birth: ____/____/____
(Month/Day/Year)

Student Number: _____

I authorize the professional named below to disclose to Services for Students with Disabilities (SSD) information on this form and additional or clarifying information that is necessary for provision of disability services at King's University College. I also authorize SSD to communicate with this professional in order to obtain information that is relevant to provision of SSD'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:

Family Physician Pediatrician Psychologist Psychiatrist 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

Date the diagnosis was first established: _____

Date the student was most recently seen by you: _____

Has the student undergone a psychological, neuropsychological, or psycho-educational assessment?

Yes No

Has the student completed any standardized or non-standardized rating scales? Yes No

If yes, please specify the scales used: _____

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Is the 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 and/or symptoms persist even with medications? Yes No

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

Do you consider the student to be in stable condition, and able to cope with typical academic stresses? Yes No

While this student is enrolled at King’s University College, will you be monitoring him/her on a regular basis?

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

**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):					

Please list any other current symptoms of the disorder, and their level of severity:

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:

Are there situations that may worsen this student’s condition?

If possible, please estimate how often the effects of the student’s disability may necessitate his or her absence from classes: < 1 day per month 2 – 5 days per month >5 days per month

Is it your opinion that the student will be able to meet the demands of a full course load (15 – 25 hours of lectures, labs, and/or tutorial meetings per week, plus 25 – 30 hours of study time per week)? Yes No

If your answer is no, please estimate the maximum amount of time that the student would be able to spend in these activities: approximately _____ hours per week.

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 the criteria for a permanent disability as defined above?
 Yes No

Additional Information:

Thank you for taking the time to complete this form. Feel free to include additional information on your official letterhead if needed.