



Student Accessibility Services (SAS)

580 East Main Street
Spartanburg, SC 29302
Office: 864.596.9027
Fax: 596-9146
www.converse.edu

Attention Deficiency/ Hyperactivity Disorder (ADD/ADHD)

Student's Name: _____

A full assessment for ADHD must be conducted by a licensed clinical psychologist, clinical neuropsychologist, psychiatrist, Vocational Rehabilitation psychologist or school psychologist with expertise in the differential diagnosis of adult psychological disorders. Though each case is dealt with on its own merits, eligibility, for disability accommodations and services typically requires that the student presents the following evidence:

- The student has at least average intellectual ability and learning difficulties are caused by the properly diagnosed and reported learning disability.
- Academic performance has been substantially and chronically limited as a result of the diagnosed impairment. A “substantial limitation” is defined as performance below that of the “average person”.

Converse University provides testing and classroom accommodations for students with a verified and substantially limiting disability. A student’s documentation must demonstrate the existence of a condition covered by the Americans with Disabilities Act (ADA: 1990). **The ADA defines a disability as a physical or mental impairment that substantially limited one or more major life activities.** Documentation of such impairment must be derived from a licensed provider who is not a relative of the student. Specific information regarding the condition as well as its impact on learning must be provided. If the student requires disability accommodations those conditions must be addressed with the documentation that meets Converse’s requirements for those impairments. Please contact our office for more information.

This report is designed to determine the following:

- Summary of findings from a reasonably comprehensive clinical interview
- Results of a comprehensive intelligence test
- Clear statement diagnosing ADD/ADHD
- History of treatment and outcomes
- History of attempted accommodations in an educational setting
- A rationale for any recommended accommodations
- Side effects of educational impact of medication(s)

Please attach a separate sheet of paper or include a separate report if the space provided is not sufficient.

1. What is the student’s **DSM IV-TR diagnosis and diagnostic code?** _

a. State the current symptoms: _____

b. When was the first onset of the symptoms described by DSM IV-TR? _____

c. How is the disability substantially limiting?



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d. State the frequency of your appointments with this student and the date of your last contact with the student? _____

2. In an **attached report**, please state approximately how much time was used to complete the clinical interview, give the date of the interview, and provide a summary of findings from each of the following elements of the interview:

- A survey of past and present functional limitations
- Pertinent development and medical history
- Psychological, psychiatric, and work history
- School history- based on school records, report cards, transcripts, social/academic adjustment
- Social adjustment and general day-to-day adaptive functioning
- Discussion of any dual diagnosis of alternative or co-existing mood, behavioral, neurological and/or personality disorders.

3. List and describe the measures/instruments used to support the student's attention difficulties as well as comprehensive intelligence tests. Please include all standard and/ or percentile scores and your professional interpretation. Assessments may include: continuous performance tests, Visual Search and Attention Test, or other cancellation tasks, Placed Auditory Serial Attention Test, Attention Capacity Test, Working Memory Index (WAIS), Sentence Repetition, Symbol Digit Modalities and Trial Making Test. Please attach the report findings including standard/percentile scores and interpretation.

4. List the student's current medication(s) and adverse side effects, if applicable.

a. Are there any significant limitations to the student's functioning directly related to the prescribed medication? Yes _____ No _____ NA _____

b. If yes, please describe. _____



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5. Please specify recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary. (For example, if you recommend extra testing time state the reasons for this request related to the student's disability, supported by the psychometric testing.)

6. If current treatments are successful, why are the above accommodations necessary?

Signature of Provider: _____ Date: _____
License # _____ State: _____
Name/Title: _____
Address: _____
Phone: _____ E-mail: _____