

UC SAN DIEGO
OFFICE FOR STUDENTS WITH DISABILITIES (OSD)
PHONE: 858.534.4382 FAX: 858.534.4650

Documentation Form for ADD/ADHD

The student listed below has requested accommodations from the Office for Students with Disabilities (OSD) at UC San Diego. In order for the OSD to determine eligibility and arrange for appropriate accommodations, your diagnosis and assessment of this student is needed. Please complete this form in its entirety and return it to the OSD as quickly as possible since the University is on a compressed quarter system. Refer to the "University of California Practices for the Documentation and Accommodation of Students with Attention-Deficit/Hyperactivity Disorder" in order to assist you in completing this form thoroughly and completely.

Student Name _____ DOB _____

Name/Title of Certifying Professional _____

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Signature _____ Date _____

1. What is the DSM diagnosis for this student? Please complete ALL axes and indicate any co-occurring diagnoses. If there are multiple diagnoses on Axis I, list in order of severity with the most severe listed first.

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF score) _____

2. What is the initial date of the diagnosis? _____

3. Is the student currently under your care? YES NO

9. Activities Assessment: Please check which of the activities are affected because of the diagnosis / impairment and indicate the level of limitation. Please assess all activities and indicate if you observed them and/or if they are self-reported by the student. If not applicable, please check the box marked "N/A."

Activity	Negligible	Mild	Moderate	Severe	N/A	Self-Report	Observed by Medical Professional
Organization							
Concentration							
Memory							
Time Management							
Stress Management							
Sleeping							
Social Interactions							
Attendance							
Managing Distractions							

10. Describe any medications and/or treatments currently being used by the student including type, dosage, effectiveness, and side effects. How frequently has medication/treatment been changed?

11. Explain how medication modifies the impact that the disability has on the student's condition.

12. Is the student compliant with his/her treatment plan? YES NO

13. Is the student compliant with medication/therapeutic protocols? YES NO

14. Is the student compliant with recommended referrals? YES NO

15. What is the student's prognosis?

16. Please attach any other supporting documentation including psycho-educational assessments or neurological evaluations.