

**CENTER FOR DISABILITY ACCESS & RESOURCES**  
Florida A & M University, 667 Ardelia Court, Tallahassee, FL 32307  
VOICE: 850-580-3180 FAX: 850-561-2513

**CERTIFICATION OF ATTENTION-DEFICIT DISORDER / HYPERACTIVITY DISORDER**

The student named below has applied for services from the Center for Disability Access and Resources (CeDAR) at Florida A & M University. In order to determine eligibility for services, we require documentation of the student's Attention-Deficit/Hyperactivity Disorder (ADHD). After completing this form, please print it out, sign it, and mail or FAX it to the CeDAR. The information you provide will not become part of the student's educational records and will be kept in the student's confidential file at the CeDAR. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.

Student's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

2. What is your DSM-IV multi-axial diagnosis for this student?

Axis I:   
Axis II:   
Axis III:   
Axis IV:   
Axis V (GAF score):

3. Date of above diagnosis:     
Month Day Year

4. Date student was last seen:     
Month Day Year

5. In addition to DSM-IV criteria, how did you arrive at your diagnosis?  
Please check all relevant items below, **adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.**

- Structured or unstructured interviews with the person
- Interviews with other persons, or questionnaires filled out by them
- Behavioral observations  Developmental history
- Educational history  Medical history
- Psycho-educational testing. Date(s) of testing?
- Standardized or nonstandardized rating scales
- Other (Please specify): \_\_\_\_\_

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6. Please provide specific information about the academic limitations and severity of **symptoms** this student encounters as a result of his/her ADHD.

LIMITATION	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activation/initiating to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustained focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely submission of assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing external distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific academic topics:				
• Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Other (please describe):				
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Is this student taking medication(s) for ADHD?

Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications?

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professional's Name (printed) and Title

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

