CERTIFICATION OF ADHD/PSYCHOLOGICAL DISABILITY

The student named below has applied for services from the Accessibility Resource Center (ARC) at UWM. In order to provide reasonable and appropriate services for students with ADHD/Psychological disabilities, current and comprehensive information documenting the functional impact of the disability is required. This form is intended to assist clinicians in providing sufficient information so that eligibility for services can be determined. 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 ARC. In addition to the requested information, please attach any additional information; for example, your report and any test results. Thank you for your assistance.

TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROFESSIONAL ONLY

1. Name of Student: ________________________________ Today’s Date: ________________

2. Date of your last contact with student: ________________________________

3. What is your DSM-V diagnosis for this student?

4. Please indicate medications that have been prescribed for this student.

   Medication side effects:

   Medication(s)/dosage and date first prescribed:

5. What methods or testing instruments did you use to arrive at your diagnosis? Please check all relevant items adding brief notes that you think might be helpful to us as we determine which accommodations services are appropriate for the student.

   [ ] Structured or unstructured clinical interviews with the individual
   [ ] Interviews with other individuals
   [ ] Developmental history
   [ ] Medical history
   [ ] Neuro-psychological/Psycho-educational testing – Date(s) of testing?
   [ ] Standardized or non-standardized rating scales
   [ ] Other (please specify)
6. Do you recommend additional assessment for:  
   - Learning disabilities  
   - AODA  
   - Sleep disorder  
   - Eating disorder  
   - Other (please specify)

7. Please assess degree of functional impairment demonstrated by your patient:
   1 = Negligible  2 = Moderate  3 = Substantial  4 = Severe  UN = Unknown
   1) Time management
   2) Organizational skills (physical and/or cognitive)
   3) Task persistence
   4) Memorizing
   5) Reading (fluency, comprehension)
   6) Quantitative skills
   7) Writing
   8) Employment/work skills
   9) Self esteem/social skills
   10) Thinking
   11) Communicating
   12) Other
   13) Sleeping
   14) Learning
   15) Concentrating
   16) Caring for Oneself

8. Please describe an appropriate intervention plan and indicate how the plan will be managed:
   Treatment/Intervention
   - Pharmacotherapy
   - Compensatory strategies (please specify)
   - Academic study skills (please specify)
   - Brief psychotherapy
   - Long-term psychotherapy
   - Other (please specify)

9. Please indicate which accommodations if any, may be beneficial to this student.
   - Distraction free test environment
   - Extended test time
   - Notetaking support
   - Electronic textbooks
   - Reduced credit load
   - Other

10. Is there anything else you would like us to know about this student?