

Airport Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 822-3505
Fax (803) 822-3295
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E-mail: counseling@midlandstech.edu

Please return this form to the campus you are attending



Beltline Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 738-7636
Fax (803) 790-7515
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E-mail: counseling@midlandstech.edu

Attention-Deficit/ 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 present the following evidence:

- The student has at least average intellectual ability and learning difficulties are caused by the properly diagnosed and reported attention deficit
- 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".

Midlands Technical College provides testing and classroom accommodations for students with a verified 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 limits one or more major life activities.** Documentation of such an 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. 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 treatments and their outcomes
- History of attempted accommodations in an educational setting
- A rationale for any recommended accommodations
- Side effects or educational impact of medication(s)

Please attach a separate sheet of paper or attach 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 symptoms described by DSM IV-TR? _____

 - c. Why is the disability substantially limiting? _____

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

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses and your reasons for ruling them out. _____

3. 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 any of the following elements pertinent to the diagnosis:

- Developmental 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

4. List and describe the measures/instruments used to support the student’s attentional 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, Paced Auditory Serial Attention Test, Attentional 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.**

5. List the student’s current medication(s) and side effects if applicable. _____

a. Are there significant limitations to the student’s functioning directly related to the prescribed medications? Yes _____ No _____ N/A _____

b. If yes, please describe. _____

6. Please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted. 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.)

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

Signature of Provider: _____ **Date:** _____
License # _____ **State:** _____

Name/Title: _____
Address: _____
Phone: _____
E-mail: _____