

**UNIVERSITY OF CALIFORNIA
HASTINGS COLLEGE OF THE LAW**

Office of the Disability Resource Program
200 McAllister Street
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Fax (415) 581-8807

CERTIFICATION OF ATTENTION-DEFICIT DISORDER/HYPERACTIVITY DISORDER

The student named below has applied for services from the Disability Resource Program at UC Hastings. 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 address above. 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 DRP. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.

1. Student's Name: _____ Today's Date (mm/dd/yyyy): _____

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 diagnosis (mm/dd/yyyy) _____

4. Date student was last seen (mm/dd/yyyy) _____

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.

Check	Arrival at diagnosis	Notes for Accommodations and Services
⑧	Structured or unstructured interviews with the student	
⑧	Interviews with other persons	
⑧	Behavioral observations	
⑧	Developmental history	
⑧	Educational history	
⑧	Medical history	
⑧	Neuro-psychological testing. Date(s) of testing	
⑧	Psycho-educational testing. Date(s) of testing	
⑧	Standardized or non-standardized rating scales	
⑧	Other (please specify)	

6. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Concentration	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Activation/Initiating to work	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Memory	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Stress Management	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Timely submission of assignments	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Understanding directions	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Managing internal distractions	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Managing external distractions	Ⓢ	Ⓢ	Ⓢ	Ⓢ

Specific Academic Topic

Math	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Reading	Ⓢ	Ⓢ	Ⓢ	Ⓢ
Written expression	Ⓢ	Ⓢ	Ⓢ	Ⓢ

Other (please describe):

7. Is this student currently 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?

8. Other information...

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

Ⓢ What academic accommodations do you recommend?

10. CERTIFYING PROFESSIONAL* Fill in the section by hand on the printed form:

Signature of professional

Date

Professional's Name (printed) and Title

License No.

Address

Telephone No.

City, State, Zip

Fax

*Qualified diagnosis professionals are licensed psychologists, psychiatrists, and neurologists. The diagnosis professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.