



1801 East Cotati Avenue  
Rohnert Park, CA 94928-3609

### Certification of Attention-Deficit Disorder/Hyperactivity Disorder

The student named below has applied for services from the Disability Services for Students (DSS) office at Sonoma State University. In order to determine eligibility and provide services, we require documentation of the student’s Attention-Deficit Hyperactivity Disorder (ADHD).

Under the American’s with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

Due to the complex nature of ADD and ADHD, students must have their disability verified by a qualified professional with expertise in the diagnosis of ADD and ADHD. Qualified professionals are presumed to be psychologists, neurologist, licensed therapists, psychiatrists or other medical doctors who have training and experience in the diagnosis and treatment of ADD and ADHD.

After completing this form, please mail or FAX it to us at the address listed above in our letterhead. The information you provide will *not* be part of the student’s educational records, but will be kept in the students file in the DSS office, where it will be kept strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today’s Date: \_\_\_\_\_ Date of Diagnosis (below): \_\_\_\_\_

Date Student was last seen: \_\_\_\_\_ Length of Services: \_\_\_\_\_

DSM – IV Current Diagnosis:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V (GAF score): \_\_\_\_\_

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

Structured or unstructured interviews with the student

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 non-standardized rating scales

Other (please specify)

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

<u>Limitation</u>	<u>No Impact</u>	<u>Moderate Impact</u>	<u>Substantial Impact</u>	<u>Don't Know</u>
Concentration				
Organization				
Sustained Focus				
Memory				
Understanding Directions				
Managing internal distractions				
Managing external distractions				
Activation/initiating to work				
Timely submissions of assignments				
Stress management				
Math				
Reading				
Written expression				
Other (please describe)				

3. Is this student taking medication(s) for ADHD? Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

4. Do limitations/symptoms persist even with medications?

5. Is there anything else you think we should know about this student's disability?

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*The diagnosing professional must have expertise in the differential diagnosis of the documented disability and follow professional practices in the field.*

**Certifying Professional:**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

License number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_