



Certification Of Attention Deficit Disorder / Hyperactivity Disorder

Disability Resource Center
Samuel Merritt University
3100 Telegraph Ave. Suite 1000
Oakland, CA 94609
Phone: 510-879-9233
Fax: 510-457-2628

1. **DSM 5:** Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains and subgroups (as indicated in DSM5) including V/Z codes: psychosocial and environmental stressors.

Focus of Clinical Treatment:	Please select <i>one</i> response below that is the most appropriate ADHD diagnosis: <input type="checkbox"/> ADHD 314.00 (F90.0) Predominantly inattentive presentation <input type="checkbox"/> ADHD 314.01 (F90.1) Predominantly hyperactive/impulsive presentation <input type="checkbox"/> ADHD 314.01 (F90.2) Combined presentation <input type="checkbox"/> ADHD 314.01 (F90.8) Other specified ADHD <input type="checkbox"/> ADHD 314.01 (F90.9) Unspecified ADHD
Secondary Diagnoses:	
Medical Conditions:	

2. Date of above diagnosis: _____/_____/_____
Month Day Year

3. Date student was last seen: _____/_____/_____
Month Day Year

4. How long has the student been under your care?

5. In addition to DSM 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 student

Interviews with other persons

Behavioral observations

Developmental history

Educational history

Medical history

Psycho-educational testing. Date(s) of testing? If applicable, please include testing.

Standardized or nonstandardized rating scales

Other (Please specify)

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

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

7. Is the student taking medications for ADHD? Yes No

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

Do limitations/symptoms persist even with medications? Yes No

8. Is the student currently in treatment with you? Yes No

9. Other information: Is there anything else you would like us to know about this student?

Certifying Professional

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

Telephone Number

City, State, ZIP Code

Fax Number

I request that the information below be provided to DRC in order to determine my eligibility for the program and to obtain program services

Signature of Student

Date

I authorize DRC and Samuel Merritt University to coordinate relevant information when necessary to support the efficient provision of DRC services and health care services on my behalf. This authorization will remain valid for the duration of my time as a student at Samuel Merritt University. I understand I may revoke this authorization at any time by submitting a written request to revoke to the DRC.

Signature of Student

Date