

FACT SHEET FOR STUDENTS SEEKING INFORMATION ABOUT ATTENTION DEFICIT DISORDERS

Definition: According to the DSM III-R and DSM IV, Attention Deficit Disorder (ADD/ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed among individuals at a comparable level of development. ADD/ADHD manifests itself in academic, occupational and/or social situations. Symptoms include significant inability or difficulty to do the following:

- give close attention to details making careless mistakes in schoolwork, work or other activities
- sustain attention in work tasks or leisure activities
- listen when spoken to directly
- follow through on instructions and failure to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior)
- organize tasks and activities
- engage in tasks that require sustained mental effort (schoolwork or homework)
- keep up with things necessary for tasks or activities (assignments, pencils, books or tools)
- remember to attend to daily activities

Where should you go for a diagnosis? The best diagnosis includes medical information as well as psycho-educational testing. This may be obtained from family and general physicians or psychiatrists.

When choosing a practitioner, make sure that the professional has experience in the fields of adult Attention Deficit Disorders. Check with your insurance provider for coverage before contracting for services. This office may be able to provide you with information about professionals in this area who are qualified to conduct assessment.

Eligibility for Services:

To ensure the provision of reasonable and appropriate accommodations, students who request accommodations from the University must provide current documentation of the disability. This documentation should include the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments of current cognitive processing and educational achievement is necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

This fact sheet was prepared by a joint task force of disability providers from North Carolina university personnel and Vocational Rehabilitation.



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**STUDENT DISABILITY SERVICES OFFICE
 VERIFICATION FOR ATTENTION DEFICIT DISORDER**

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments of current cognitive processing and education achievement are necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

RELEASE OF INFORMATION

I, _____ hereby authorize the release of the following information to the Office of Disabilities Services at University of Massachusetts Lowell for the purpose of determining my eligibility for educational accommodations.

 Social Security #

 Date

 Signature

Diagnostic code (ICD or DSM IV-R): _____
 Level of Severity: _____
 Date of Diagnosis: _____
 Date of last visit: _____

Please check off the appropriate diagnostic criteria for AD/HD

A. Either (1) or (2)

(1) Inattention

- a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b) often has difficulty sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish schoolwork,, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- g) often loses things necessary for tasks or activities
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

(2) Hyperactivity-Impulsivity

- a) often fidgets with hands or feet or squirms in seat
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) often runs about or climbs excessively in situations in which it is inappropriate (in Adolescents or adults, may be limited to subjective feelings of restlessness)
- d) often has difficulty playing or engaging in lecture activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively
- g) often blurts out answers before questions have been completed
- h) often has difficulty awaiting turn
- i) often interrupts or intrudes on others

B. Some hyperactive-impulsive. or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings.

D There must be clear evidence of clinically significant impairment in Social, Academic, or Occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.

Was medication prescribed?: Yes No If yes, what? _____

If so, by whom?: _____

Amount and frequency of administration: _____

Frequency of monitoring: _____

Response to medication: _____

How will refills be obtained? _____

Is there any indication that this student may have an additional diagnosis such as depression, anxiety, etc.?

Have you recommended any type of therapy? _____

Please include any information you have on learning disability testing, intellectual functioning, and/or academic problems which you feel we should know in order to help this student.

Thank you for your help in providing this information so that we may begin providing services as soon as possible. Please return this form to the address shown on the letterhead.

Provider's Name: _____

License #: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____