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**MSU-Bozeman Disability Documentation Guidelines**

**ADD/ADHD – BASED DISABILITY**

To help students with ADHD-based disabilities overcome the effect of disability on their academic performance, MSU-Bozeman makes reasonable accommodations on the basis of individual need. In order to verify the existence of an ADHD-based disability and to enable the identification of specific accommodations a student with an ADHD-based disability will need in order to experience academic success, Disabled Student Services (DSS) requires **a full diagnostic report and clear evidence that the ADHD substantially impacts academic performance.**

Since an assessment constitutes the basis for determining reasonable accommodations, it is in a student’s best interest to provide recent and appropriate documentation. In most cases, this means within the past three years and testing that reflects an adult-based evaluation of functional limitations. This assessment serves as the basis for decision-making about a student’s need for accommodations in a college environment.

Please share the information in this handout with the professional whose written report will be forwarded to MSU.

The clinician should submit a written report and a completed “Disability Verification” form to:

**Office of Disability Services**

P.O. Box 173960

MSU Bozeman

Bozeman, MT 59717

Documentation may be submitted via fax at 406-994-3943 or emailed to disabilityservices@montana.edu

**Specific Documentation Guidelines:**

**ADHD – Based Disability**

# Qualifications of the evaluator

# A full assessment for ADHD must be conducted by a licensed clinical psychologist, clinical neuropsychologist, psychiatrist, or other appropriately trained medical professional. The clinician who conducts the assessment and completes the documentation must have substantial expertise in the differential diagnosis of adult psychological disorders. The name, title, and professional credentials of the evaluator, along with licensure or certification, should be included in the report submitted to ODS. It is not considered appropriate for professionals to evaluate members of their own families.

# Documentation must be current

# Because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the disability on academic performance, it is in an individual’s best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic evaluation has been completed within the past three years. If documentation is inadequate in scope or content, or does not address the individual’s current level of functioning and need for accommodations(s), reevaluation may be warranted.

1. **Diagnostic Report – The written diagnostic report must include the following:**
   1. Summary of findings from a reasonably comprehensive clinical interview, a corroborating interview with at least one person who knows the individual well, and a review of past psychological, psychiatric and educational evaluations and school records;
   2. results of an individually administered comprehensive intelligence test (WAIS-III preferred), including all age based standard and/or percentile scores;
   3. a clear statement diagnosing ADHD;
   4. evidence that the diagnosis currently meets the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders V ;
   5. a history of treatments and their outcomes;
   6. a history of attempted accommodations in an educational setting and their outcomes.

**Specific Disability Verification:**

**ADHD – Based Disability**

The student named below may be eligible for services offered through the Office of Disability Services at Montana State University-Bozeman. In order to provide these services, we must have verification of the student's disability.

**Please note: The determination of actual services and accommodations will be made by Disabled Student Services.**

**To be completed by STUDENT (please print legibly in ink):**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

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

Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_

I authorize the release of information requested below to the Office of Disability Services at Montana State University at Bozeman. (Your evaluator may have additional releases for you to sign).

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_

**To be completed by a licensed/certified PROFESSIONAL**:

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Multiaxial DSM-V classification(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Office Visit: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_

Level of severity (circle all that apply): Mild Moderate Severe Partial Remission

Assessment/evaluation procedures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant background information (history of disability):

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How does the student's disability **substantially limit** his/her ability to function in an academic environment?

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What accommodations are recommended in order for the student to access the curriculum and programs at Montana State University?

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**I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more major life activities of such individual" as defined by the Americans with Disabilities Act.**

**In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.**

Name of Professional (please print): \_\_\_\_\_\_\_\_

Signature of Professional: \_\_\_\_\_\_\_\_

License/certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

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

Phone #: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.***

|  |  |  |
| --- | --- | --- |
| OFFICE OF DISABILITY SERVICES | Phone: | (406) 994-2824 |
| Montana State University in Bozeman | Fax: | (406) 994-3943 |
| Strand Union Building 174 |  |  |
| Bozeman, MT 59717-3960 |  |