



Area Special Education Cooperative

1505 Central Ave. NW, East Grand Forks, MN 56721

Phone: 218-773-0315 Fax: 218-773-0924

Health Condition Documentation Form

Date: _____

From: _____

District: _____

Address: _____

To: _____

For: _____

DOB: _____

Child's name

This child is in the process of being evaluated for special education services. Thank you for your assistance in identifying health conditions that may affect the child's educational performance as the school district makes a determination of eligibility for special education services. If this child has been diagnosed with Attention Deficit Hyperactivity Disorder, please complete the attached Medical Documentation form for Attention Deficit Hyperactivity Disorder.

Medical diagnoses (please list all that apply):

Activity limitations or restrictions (physical education, field trips, recess):

Implications for school attendance (ex. Projected absences, homebound):

Medication or specialized health care procedures that are necessary during the school day:

Medications that may adversely affect school performance:

Physician's Signature

Date

Medical Documentation Form for Attention-Deficit/Hyperactive Disorder (AD/HD)

Name _____

DOB: _____

The State of Minnesota requires school districts to obtain from a physician signed documentation of an AD/HD diagnosis for this child as a part of the initial eligibility determination for special education services.

Directions: Please check the code based on type:

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months.

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months.

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

Please indicate the AD/HD diagnostic criteria by circling or documenting those symptoms that are indicated by your evaluation.

Diagnostic Criteria for Attention-Deficit/Hyperactive Disorder Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-IV)

A. Either (1) or (2):

- (1) **Six** (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

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 (such as schoolwork or homework)
- (g) Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) Is often easily distracted by extraneous stimuli
- (i) Is often forgetful in daily activities

- (2) **Six** (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (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 leisure activities quietly*
- (e) *is often "on the go" or often acts as if "driven by a motor"*
- (f) *often talks excessively*

Impulsivity

- (g) *often blurts out answers before question have been completed*
- (h) *often has difficulty awaiting turn*
- (i) *often interrupts or intrudes on others (e.g., butts into conversations or games)*

- 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 (e.g., at school or work and at home).
- 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 (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Comments:

The above named student has a diagnosis of ADHD as evaluated and documented within the DSM IV criteria.

Physician's Signature: _____

Date: _____