

- often has difficulty playing or engaging in leisure activities quietly
- is often “on the go” or often acts if “driven by a motor”
- often talks excessively
- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g., butts into conversations or games)

3. **Diagnostic Interview:** Date of Interview _____ **Please see attached Diagnostic Interview criteria prior to summarizing** _____

4. Notations of medication (if any), dosages, and student’s response to the medication: _____

5. Describe the student’s functional limitations in an educational setting. (i.e., current school grades, observations on classroom performance, strengths/weaknesses in academics based on classroom information): _____

6. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student’s educational opportunities at UTC?

- Please check all that apply:
- extended time on tests (1.5x) distraction-reduced environment
 - alternative test format no scantron
 - volunteer note taker other: _____

Rationale for each accommodation which is supported by assessment information: _____

Qualified Professional’s Signature: _____
 Printed Name & Title: _____
 Daytime Telephone Number: _____ Date: _____
 Address: _____

***If additional information is needed to assist with completion of this report, please refer to Educational Testing Service ADHD guidelines at www.ets.org. Please return this form to:

University of Tennessee at Chattanooga
Office for Students with Disabilities
110 Frist Hall, Dept 2953
615 McCallie Ave
Chattanooga, TN 37403