



Functional Assessment for Neurodevelopmental Conditions (ADHD or ASD)

Accessibility Services, Student Wellness

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Instructions to Health Professional

Student Accessibility Services helps students with disabilities achieve equitable participation in academic life by ensuring appropriate academic accommodations are in place, based on documentation completed by a health professional. **This document primarily considers the impacts of ADHD, ASD and comorbid mental health conditions.** For other neurodevelopmental disorders that do not fit with this form, please provide a written report as an alternative that summarizes relevant expertise of the assessor, assessment methods, and functional impacts.

Healthcare professionals can fax this form directly to 519-824-9689. Or, students can upload a digital version by following the instructions [here](#). Please contact [SAS](#) if you need assistance.

Student Information

Name (Please Print)

UofG Student Number

Date of Birth (month, day, year)

Telephone Number

I consent for the health professional named here to share information concerning myself with Accessibility Services in the department of Student Wellness at the University of Guelph. I understand that this confidential information will be used to help plan accommodations and support my learning needs while at university.

Student Signature

Date

Health professional with expertise relevant to the disability

Name (Please print)

Professional Designation(s)

Registration Number

Date

Please indicate any specialized training you have in the assessment of ASD and/or ADHD.

The information provided here represents my clinical assessment of the student and is within my scope of practice as permitted by my regulatory college.

Office Stamp (Address, Phone Number)

Health Professional's Signature

General Questions

| | Yes | No |
|--|-----------------------|-----------------------|
| Does this individual currently meet the DSM 5 criteria for a neurodevelopmental disorder? | <input type="radio"/> | <input type="radio"/> |
| Is this a provisional diagnosis pending further investigation and/or the need to rule out other possible explanations? | <input type="radio"/> | <input type="radio"/> |
| Have the relevant symptoms persisted for at least 6 months to a degree that is inconsistent with individual's developmental level? | <input type="radio"/> | <input type="radio"/> |
| During the time considered, have the symptoms had a significant impact on quality of school, social, or work functioning? | <input type="radio"/> | <input type="radio"/> |
| Are several symptoms present in two or more settings (school, work, home, leisure, etc.)? | <input type="radio"/> | <input type="radio"/> |
| To what extent are the symptoms a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions? | | |
| <input type="radio"/> Little or No Impact <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown | | |
| To what extent could a mental health condition experienced by this individual explain the symptoms considered? | | |
| <input type="radio"/> Little or No Impact <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown | | |

Diagnoses: _____

**Student's consent to
disclose diagnoses**

(initials)

Expected duration: _____

Inattention Symptoms

| | Yes | No |
|--|-----------------------|-----------------------|
| Often is unable to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities. | <input type="radio"/> | <input type="radio"/> |
| Often has difficulty sustaining attention (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading). | <input type="radio"/> | <input type="radio"/> |
| Often does not seem to listen when spoken to directly. | <input type="radio"/> | <input type="radio"/> |
| Often does not follow through on instructions and is unable to finish tasks or duties. | <input type="radio"/> | <input type="radio"/> |

| | Yes | No |
|---|-----------------------|-----------------------|
| Often has difficulty organizing tasks and activities (e.g., managing sequential tasks; keeping belongings in order; disorganized work; missed deadlines). | <input type="radio"/> | <input type="radio"/> |
| Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort. | <input type="radio"/> | <input type="radio"/> |
| Often loses things necessary for tasks or activities. | <input type="radio"/> | <input type="radio"/> |
| Is often easily distracted by extraneous stimuli. | <input type="radio"/> | <input type="radio"/> |
| Is often forgetful in daily activities. | <input type="radio"/> | <input type="radio"/> |
| Others (specify): _____ | | |

Select severity level of inattention:

☐ Little or No Impact
 ☐ Mild
 ☐ Moderate
 ☐ Severe
 ☐ Unknown

Hyperactivity Symptoms

| | Yes | No |
|---|-----------------------|-----------------------|
| Often fidgets with or taps hands or feet or squirms in seat. | <input type="radio"/> | <input type="radio"/> |
| Often leaves seat in situations when remaining seated is expected. | <input type="radio"/> | <input type="radio"/> |
| Often restless in situations where it is inappropriate. | <input type="radio"/> | <input type="radio"/> |
| Often unable to take part in leisure activities quietly. | <input type="radio"/> | <input type="radio"/> |
| Is often "on the go" acting as if "driven by a motor" (e.g., unable or uncomfortable with being still for extended time). | <input type="radio"/> | <input type="radio"/> |
| Often talks excessively. | <input type="radio"/> | <input type="radio"/> |
| Others (specify): _____ | | |

Select severity level of hyperactivity:

☐ Little or No Impact
 ☐ Mild
 ☐ Moderate
 ☐ Severe
 ☐ Unknown

Impulsivity

Yes No

Often interrupts with an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).

☐ ☐

Often has trouble waiting their turn.

☐ ☐

Often interrupts or intrudes on others (e.g., cuts into conversations, games, or activities; may start using other people's things without asking or receiving permission; intrudes into or take over what others are doing).

☐ ☐

Select severity level of impulsivity:

☐ Little or No Impact ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Social Communication

Yes No

*For the following items, please **only answer yes** if the individual's experience is outside of the expected developmental range.*

Challenges with social-emotional reciprocity

☐ ☐

Challenges with nonverbal communicative behaviours used for social interaction

☐ ☐

Challenges with developing, maintaining and understanding relationships

☐ ☐

Select severity level of social communication:

☐ Little or No Impact ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Restricted/Repetitive Patterns

Yes No

Stereotyped or repetitive motor movements, use of objects or speech

☐ ☐

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behaviour

☐ ☐

Highly restricted, fixated interests that are abnormal in intensity or focus

☐ ☐

Hyper- or hypoactivity to sensory input or unusual interest in sensory aspects of the environment

☐ ☐

Select severity level of restricted/repetitive patterns:

☐ Little or No Impact ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Additional Consideration

1. Is there an existing Learning Disability?

- ☐ Diagnosis confirmed* ☐ Ruled out ☐ Not Assessed ☐ Inconclusive

2. Is there an intellectual impairment:

- ☐ Diagnosis confirmed* ☐ Ruled out ☐ Not Assessed ☐ Inconclusive

** A psychoeducational assessment report is required to appropriately accommodate in these cases.*

3. **Please list/describe other diagnosed disabilities that affect this student.** Are fluctuations inherent in these?

4. If taking medication, efficacy of medication for managing symptoms for this individual...

- ☐ Highly Effective ☐ Moderately Effective ☐ Ineffective ☐ Unknown

5. Are there any notable side effects of medication?

6. Efficacy of other treatments or therapies for helping this individual...

- ☐ Highly Effective ☐ Moderately Effective ☐ Ineffective ☐ Unknown

7. What (if any) medical follow-up is recommended?

8. What is the approximate number of hours/week the student is expected to be able to devote to classes and studying?

- | | |
|---|---|
| <input type="radio"/> Less than 10 hours | <input type="radio"/> 30 to 45 hours (4 courses/semester) |
| <input type="radio"/> 10 to 15 hours (1 course/semester) | <input type="radio"/> 50 to 55 hours (5 courses/semester) |
| <input type="radio"/> 20 to 25 hours (2 courses/semester) | <input type="radio"/> 60+ hours (6 courses/semester) |
| <input type="radio"/> 30 to 35 hours (3 courses/semester) | |