

**ELIGIBILITY SUMMARY ADDENDUM
FOR IDENTIFICATION OF ADD/ADHD UNDER OHI**

Name _____ Date _____

PRELIMINARY DATA

Do previous referrals, medical impressions, etc., suggest the presence of ADHD? Yes No

I. Are the observed problem behaviors primarily due to... (All answers should be NO.)

- A. medications or other medical issues? Yes No
- B. a learning disability?..... Yes No
- C. environmental, cultural, or economic disadvantage? Yes No
- D. visual, hearing, or motor disabilities? Yes No
- E. mental retardation/autism/traumatic brain injury? Yes No
- F. social maladjustment? Yes No
- G. current environmental stress or a catastrophic event? Yes No
- H. substance abuse? Yes No
- I. anxiety or depression? Yes No
- J. another, larger psychological complex, e.g., PTSD, or pervasive developmental delay? Yes No

If any answer is YES and ADD/ADHD concerns remain, provide explanation:

II. Do assessment data indicate disabling attention deficits? (All answers should be YES.)

- A. Does this student show evidence of early onset or chronicity of attentional/behavioral difficulties? Yes No
- B. Do results of the evaluation indicate ADD/ADHD? Yes No
- C. Are classroom behaviors significantly different from peers on 2 structured observations? Yes No
- D. Is there a marked impact on educational performance? Yes No

The committee must provide data and describe the adverse effect(s) on educational performance. For example, please confirm a discrepancy of 1.5 standard deviations between ability and achievement or describe and attach assessment data that demonstrates a marked discrepancy between ability and classroom (day-to-day) performance.

III. Result

This student meets the “first prong” of the eligibility determination for special education services. The student has a disability that meets the criteria as defined by Albemarle County Schools.

Yes No