



DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT
THE UNIVERSITY OF TEXAS AT AUSTIN

Services for Students with Disabilities • 100 W. Dean Keeton St. Stop A4100 • Austin, TX 78712-1093
<http://diversity.utexas.edu/disability/> (512) 471-6259 • FAX (512) 475-7730 • VP (512) 410-6644

**Services for Students with Disabilities
Verification Form for Students with
Attention-Deficit/Hyperactivity Disorder and Psychological Disabilities**

This form is intended to assist in meeting our documentation requirements for these disabilities. However, if not thoroughly completed, it may not be sufficient as the sole form of documentation provided. Please refer to the "Guidelines for Documenting Psychological Disabilities" or "Guidelines for Documenting Attention-Deficit/Hyperactivity Disorder" for comprehensive documentation requirements and additional information. To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current (within the last 12 months for Psychological and 3 years for ADHD) documentation of the disability. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Please include a copy (including test scores) of any relevant psychoeducational or neuropsychological reports. To standardize our gathering of information, it is recommended that you complete the following questions, even if the material has already been included in your full evaluation. All information will be kept confidential. Please feel free to contact SSD at (512) 471-6259 with questions.

The information below is to be completed and signed by the student.

I request and authorize The University of Texas at Austin University Health Services (UHS), Counseling & Mental Health Center (CMHC), Services for Students with Disabilities and/or my off-campus provider (name) _____ to release, fax, mail or discuss with each other information related to my registering with Services for Students with Disabilities (SSD).

Carson "Kailey" Stark EID _____
Student Name

Student Signature Date

Email Address: _____ Phone Number: _____

If the information above is left blank or is incomplete it may delay or prevent SSD from contacting the student to verify receipt of the documentation and provide next steps for completing the registration process.

The information below is to be completed and signed by the Provider.

1. Please list all DSM-5 or ICD Diagnoses (name and at least one code):

Diagnoses:

- | | |
|--|------------------------------|
| 1. <u>Generalized Anxiety Disorder</u> | <u>F41.1</u> |
| 2. <u>ADHD - Inattentive Type</u> | <u>F90.0</u> |
| 3. <u>Gender Dysphoria</u> | <u>F64.01</u> |
| 4. _____ | _____ |
| 5. _____ | _____ |
| DSM-5 diagnosis name(s) | DSM-5 code(s) ICD-10 code(s) |

a. Date diagnosed: 4/10/18 / 4/20/20 / 4/2/19

b. Date of your last clinical contact with student: 9/3/20 / _____ / _____

2. Evaluation

a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- ☒ Structured or unstructured interviews with student.
- ☒ Interviews with other persons (i.e. parent, teacher, therapist).
- ☒ Behavioral observations.
- ☐ Neuropsychological testing. Attach documentation.
- ☐ Psychoeducational testing. Attach documentation.
- ☒ Other (Please specify). Other testing - Attached

b. Current treatment being received by student:

- ☒ Medication management:
Current medications: Zoloft, adderall
- ☒ Outpatient therapy:
Frequency: 2 times per month
- ☐ Group therapy:
Frequency: _____
- ☒ Other (please describe):
neurofeedback

c. Approximate onset of diagnosis:

- ☒ Child- approximate age: 5 - sensory
- ☒ Adolescent- approximate age: 12 - anxiety and inattention
- ☐ Adult- approximate age: _____
- ☐ Unknown

Severity of symptoms

- ☐ Mild
- ☒ Moderate
- ☐ Severe

Prognosis of disorder:

- ☐ good
- ☒ fair
- ☐ poor

Please explain: Clients with gender dysphoria often suffer with other mental health issues. As dysphoria is treated we may see resolution

3. Functional Limitations: Should be determined *WITHOUT* consideration of mitigating measures (i.e. medication, etc.). If condition is episodic in nature, level of functioning should be assessed based on active phase of symptoms.

a. Does this condition significantly limit one or more of the following major life activities?

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Communicating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please check the **functional limitations or behavioral manifestations** for this student:

	Not an Issue	Moderate Issue	Substantial Issue	Don't Know
Cognitive Processing			✓	
Memory			✓	
Processing Speed		✓		
Meeting Deadlines		✓		
Attending class	✓			
Organization		✓		
Reasoning	✓			
Stress			✓	
Sleep			✓	
Appetite		✓		
Other:				
Other:				

c. Please describe in detail any functional limitations that fall into the substantial range.

Client frequently dissociates which
caused significant impairment

d. Special considerations, e.g. medication side effects:

e. **COURSE LOAD REDUCTION:** Is the student's condition such that it may require them to drop a course and/or take fewer than what is considered a full-time course load?

- ☐ Yes
- ☒ No
- ☐ I don't know

If YES please explain:

4. Accommodations

a. Please mark whether student has utilized accommodations in the past.

- ☒ Yes- Please describe: for gender preference
- ☐ No
- ☐ Don't Know

b. (Optional) Recommended educational accommodations:

additional time to complete assignments

c. (Optional) Please provide any additional information you feel will be useful in determining the nature and severity of the student's disability, and any additional recommendations that may assist in determining appropriate accommodations and interventions:

Thank you for your help in providing this information so that we may begin services as soon as possible. Please complete the provider information below. This form should be signed and returned via fax or mail to the SSD office at the address shown at the end of this document.

All documentation submitted to SSD is considered confidential.

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: [Signature] Date: 9/15/20

Print Name and Title: Kelly Peyton

Licensed Professional Counselor Supervisor

State of License: TX License Number: 09599

Address 633 E Fernhurst Dr. #1102

Street or P.O. Box

City Katy State TX Zip 77450

Phone: 281 940 8515

Fax: 888-972-1582

Please return this form to:

The University of Texas at Austin
Division of Diversity and Community Engagement
Services for Students with Disabilities
100 W. Dean Keeton St. Stop A4100
Austin, TX 78712-1093
Phone: (512) 471-6259
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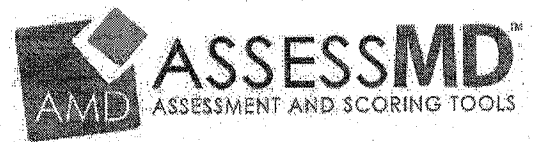
Kelly Peyton, MA, LPC-S, RPT, CCTP
Licensed Professional Counselor
Registered Play Therapist
Certified Clinical Trauma Professional



633 E Fernhurst Dr Suite 1102
Katy, Texas 77450
Office: (281) 940-8515
Fax: (888) 972-1582

Kelly@WestHoustonCounseling.com
www.WestHoustonCounseling.com
www.HoustonTeenCounselor.com

BIPOLAR TEST



Patient: Kailey Stark
Provider: Kelly Peyton, LPC
Birth Date: 12/26/2001

Test Date: 4/2/2020
Test Taken By: Adult

AMD RESULTS

► Criteria Not Met

DSM

Bipolar Disorder

Criteria Not Met (DSM-V)

SELF HARM QUESTIONS

Do you have thoughts about death or dying?

Do you think about cutting yourself or harming your own body?

Do you feel like "life is too hard", there is no way out and you "can't handle it anymore"?

How likely is it that you will attempt suicide one day?

Have you ever harmed your own body because you wanted to (such as cutting or burning)?

Have you ever tried to kill yourself?

Do you currently have plans, or a goal, to hurt yourself or another?

RESPONSE

Just a little /
Occasionally

Quite a bit / Often

Quite a bit / Often

Just a little /
Occasionally

No

No

No

APPROXIMATION SCORES

BDI	MO
N/A	Criteria Not Met

LEGEND

Bipolar I Disorder: A clinical course characterized by one or more manic or mixed episodes. Often patients will have had one or more episodes of Major Depressive Disorder.

Bipolar II Disorder: A clinical course characterized by one or more Major Depressive episodes accompanied by at least one Hypomanic episode.

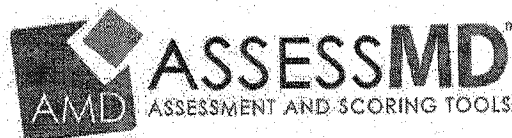
OTHER DIAGNOSTIC CONSIDERATIONS

Verify the given responses and ensure that the test taker understood what was being asked.

Verify that symptoms are not caused by medication.

Verify that symptoms are not caused by a physical condition.

DEPRESSION TEST

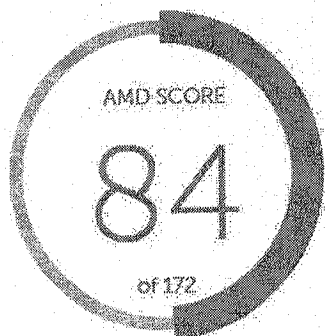


Patient: Kailey Stark
 Provider: Kelly Peyton, LPC
 Birth Date: 12/26/2001

Test Date: 4/2/2020
 Test Taken By: Adult

AMD RESULTS

related to dysphoria



► Moderate Depression⁴

DSM

Major Depressive Disorder
 Persistent Depressive Disorder

Criteria Not Met (DSM-V)
 Criteria Not Met (DSM-V)

2 Suicide Risk: 2 out of 5
 Less than 1/2 of the time

SELF HARM QUESTIONS

RESPONSE

Do you have thoughts about death or dying?

Just a little /
 Occasionally

Do you think about cutting yourself or harming your own body?

Quite a bit / Often

Do you feel like "life is too hard", there is no way out and you can't handle it anymore?

Quite a bit / Often

How likely is it that you will attempt suicide one day?

Just a little /
 Occasionally

Have you ever harmed your own body because you wanted to (such as cutting or burning)?

No

Have you ever tried to kill yourself?

No

Do you currently have plans, or a goal, to hurt yourself or another?

No

APPROXIMATION SCORES

CES	HAM-D	MADRS	MDI	PHQ9	PHQ9	ZUNG-SDS
32	25	25	32	21	0	60
Depressed	Very Severe Depression	Moderate Depression	Severe Depression	Severe Depression	Consider Major Depressive Disorder	Moderate Depression

LEGEND

AMD 1	0-15 = Normal, 16-24 = Mild, 25-37 = Moderate, 38-71 = Severe
AMD 2	0-19 = Normal, 20-24 = Mild, 25-39 = Moderate, 40-71 = Severe
AMD 3	0-43 = Normal, 44-64 = Mild, 65-84 = Moderate, 85-156 = Severe
AMD 4	0-48 = Normal, 49-71 = Mild, 72-99 = Moderate, 100-172 = Severe
CES-D	0-15 = Normal, 16-60 = Depressed
HAM-D	0-7 = Normal, 8-13 = Mild, 14-18 = Moderate, 19-22 = Severe, 23-50 = Very Severe
MADRS	0-6 = Normal, 7-19 = Mild, 20-34 = Moderate, 35-60 = Severe
MDI	0-19 = Normal, 20-24 = Mild, 25-29 = Moderate, 30-50 = Severe
PHQ-9	1-4 = Minimal, 5-9 = Mild, 10-14 = Moderate, 15-19 = Moderately Severe, 20-27 = Severe
Zung-SDS	20-49 = Normal, 50-59 = Mild, 60-69 = Moderate, 70-80 = Severe

N/A: Based on the responses given there were not a sufficient number of questions triggered to score this standard.

OTHER DIAGNOSTIC CONSIDERATIONS

Verify the given responses and ensure that the test taker understood what was being asked.

Verify that symptoms result in clinically significant impairment or distress (social, academic, or other important areas of functioning).

Verify that symptoms are not related to bereavement.

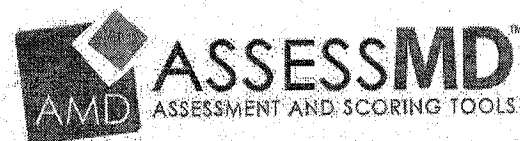
Verify that symptoms are not caused by medication.

Verify that symptoms are not caused by a physical condition.

Verify that symptoms are not caused by Bipolar disorder (refer to AMD Bipolar assessment).

ADHD TEST

Patient: Kailey Stark
Provider: Kelly Peyton, LPC
Birth Date: 12/26/2001



Test Date: 4/2/2020
Test Taken By: Adult

AMD RESULTS

► Inattentive Subtype

DSM

ADHD

Criteria Met (DSM-V)

ADHD SUBTYPE

INATTENTIVE



+



Symptoms

Problematic

Inattentive Criteria met

HYPERACTIVE/IMPULSIVE



+



Symptoms

Problematic

Hyperactive/Impulsive Criteria not met

PERFORMANCE RATING

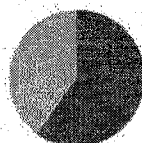
OVERALL



23

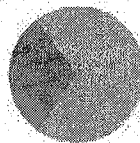
► Moderately Symptomatic

PERCENTAGE OF RESPONSES BY SEVERITY



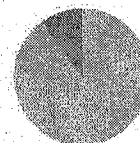
60%

Problematic



30%

Average



10%

Above Average

LEGEND

Performance Rating

10-19 = Severely Symptomatic, 20-28 = Moderately Symptomatic, 29-50 = Potentially Symptomatic

Performance rating is based upon the percent of questions answered in each of the categories: problematic, average, and above average.

Low Probability: Less than 6 symptoms are present in each category or no performance impairment is present.

Inattentive Subtype: At least 6 symptoms related to the inattentive subtype are present and performance impairment is present.

Hyperactive/ Impulsive Subtype: At least 6 symptoms related to the hyperactive/ impulsive subtype are present and performance impairment is present.

Combined Subtype: Both the inattentive subtype and the hyperactive/ impulsive subtype are positive.

OTHER DIAGNOSTIC CONSIDERATIONS

Verify the given responses and ensure that the test taker understood what was being asked.

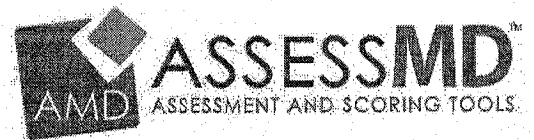
Verify that symptoms are not caused by medication.

Verify that symptoms are not caused by a physical condition.

Verify that symptoms that result in impairment were present before the age of 12.

Verify that symptoms that result in impairment are present in at least 2 settings: e.g., school, work, home.

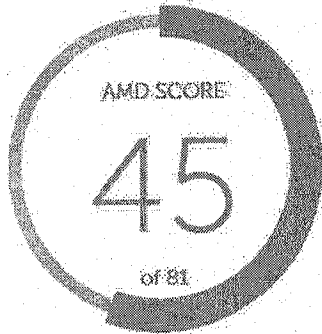
ANXIETY TEST



Patient: Kailey Stark
Provider: Kelly Peyton, LPC
Birth Date: 12/26/2001

Test Date: 4/2/2020
Test Taken By: Adult

AMD RESULTS



► Mild Anxiety

PTSD	Consider PTSD
DSM	
GAD	Criteria Met (DSM-V)

SELF HARM QUESTIONS

	RESPONSE
Do you have thoughts about death or dying?	Just a little / Occasionally
Do you think about cutting yourself or harming your own body?	Quite a bit / Often
Do you feel like "life is too hard", there is no way out and you "can't handle it anymore"?	Quite a bit / Often
How likely is it that you will attempt suicide one day?	Just a little / Occasionally
Have you ever harmed your own body because you wanted to (such as cutting or burning)?	No
Have you ever tried to kill yourself?	No
Do you currently have plans, or a goal, to hurt yourself or another?	No

APPROXIMATION SCORES

Beck-Anxiety	ZUNG-AI
35 Moderate Anxiety	66 Moderate Anxiety

LEGEND

AMD Anxiety	0-9 = Criteria Not Met, 10-17 = Mild, 18-31 = Moderate, 32-45 = Severe
Beck-AI	0-7 = Minimal, 8-21 = Mild, 22-42 = Moderate, 43-63 = Severe
Zung-AI	0-44 = Normal, 45-59 = Minimal to Moderate, 60-74 = Marked to Severe, 75-100 = Most Severe

OTHER DIAGNOSTIC CONSIDERATIONS

- Verify the given responses and ensure that the test taker understood what was being asked.
- Verify that symptoms are not caused by medication.
- Verify that symptoms are not caused by a physical condition.
- Verify that symptoms have occurred more often than not over a period of 6 months.