



# FERRIS STATE UNIVERSITY

## Educational Counseling and Disabilities Services

### QUESTIONNAIRE FOR STUDENTS WITH ADD/ADHD

In an effort to identify how your Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD) diagnosis is currently and uniquely impacting you, we ask that you fill out the following questionnaire. Documentation of your disability from a licensed professional, as stated in the *Disabilities Services Guidelines*, is the primary source of information used for establishing your eligibility for disability services. This questionnaire will help Disabilities Services gather additional information, from a personal perspective, about how you see your diagnosis impacting your academic and personal life.

**Please note:** The information we are gathering is for the purpose of learning how your diagnosis uniquely impacts you; however, the primary role of Disabilities Services is to provide *academic accommodations* based on the manifestations and academic implications of the diagnosis. Information gathering within the listed categories does not necessarily mean that accommodations will be provided for those areas (transportation, spatial issues, social issues, etc).

Please have a parent, spouse, counselor or someone who knows you well review this with you after filling it out. Please provide as much information as possible. After completion, mail or fax to:

**Ferris State University**  
**Educational Counseling & Disabilities Services**  
**901 S. State Street, Starr 313**  
**Big Rapids, Michigan 49307**  
**Phone (231) 591-3057 Fax (231) 591-3939**  
**E-mail: [ecds@ferris.edu](mailto:ecds@ferris.edu)**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Ferris Email: \_\_\_\_\_

Individual assisting with questionnaire: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



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What do you think your greatest challenge or barrier to success at the college will be?

### Stress Tolerance

What particular situations trigger a stress response in you?

What do you do, or what will others see when you become fearful, angry or frustrated?

What coping behaviors do you use to reduce your stress or anxiety?

Do you experience any difficulty responding to change, unexpected assignments, interruptions?

### Medical/Physical Issues

Do you experience difficulty with medication side effects? What type?

### Social Issues

Do you perceive any difficulty interacting with others?



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### Time Management/Organization Issues

Do you have difficulty planning realistic goals and determining the steps needed to reach them?

Do you have difficulty starting projects or papers?

Do you have trouble with detailed assignments?

Do you have trouble following instructions?

Do you have trouble using or structuring free time?

Do you have difficulty making appointments, remembering them, or arriving on time? If so, describe.

Do you use a planner or another type of organizational system?

How do you decide on the importance or priority of tasks? (i.e. studying different subjects)

Is your work/study area organized/neat or disorganized/messy?