

DOCUMENTATION FOR ATTESTATION OF STUDENTS WITH AN ATTENTION DEFICIT HYPERACTIVITY DISORDER

The form below must be completed by the (treating) (child or youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

EXPLANATION

1. General

The student psychologist of Study Guidance is responsible for the recognition, the advising of specific facilities and the assistance of students with a disability at Vrije Universiteit Brussel. The student's disability must be documented¹ for the following reasons:

- The student is required to confirm his disability with sufficient, objective and clear medical documentation **to obtain recognition as a student with a disability.**
- **To be able to offer accommodations** as an institution, it is important to have as good as possible an overview of the student's particular difficulties and their impact on his/her school performance. This overview offers a base for the assessment, with the difficulties measured against the program requirements and against the feasibility of reasonable adjustments in the faculty.

2. Target groups and qualified experts for the documentation

The documentation is to be completed by a qualified expert determined per target group. Please find an overview of the target groups and the corresponding qualified experts below.

Target group	Qualified expert
Students with a physical disability	(Treating) doctor
Students with a hearing impairment	(Treating) doctor
Students with a visual impairment	(Treating) doctor
Students with a chronic disease	(Treating) doctor
Students with a developmental disorder	(Treating) doctor), (child and youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue,

¹ The procedure followed at Vrije Universiteit Brussel is based on the method recommended by the Vlor (Vlaamse Onderwijsraad – Flemish Education Council): 'Handleiding registratie studenten met een functiebeperking en bijbehorende formulieren', Raad Hoger Onderwijs, 21 april 2015.

	speech therapist; depending on subtype (see further general part: overview of specific attestation bundles)
Students with a psychiatric disability	(Treating) doctor), (child and youth) psychiatrist, certified psychologist or registered orthopedagogue
Students with another disability	(Treating) doctor

3. Documentation for attestation

We kindly request that you as a competent expert **thoroughly document and objectify the student's loss of function.**

You can do this using this documentation, which comprises the following parts:

General part (Part 1)

This is where you may indicate which loss of function the student is showing. The nature of the disability determines the target group to which the student belongs.

The Vlor-form for a specific target group (Part 2)

You are required to complete section A and section B.

Section A deals with the nature, severity and duration of the loss of function. The request to attest does not imply that the authorized person must carry out a diagnostic examination in any case. It is also possible to attest after viewing the reports that the student makes available.

Section B maps the loss of function and its impact on school activities.

Both parts are to be completed by the **qualified expert for that particular target group.** The student will be in charge of returning both documents to Study Guidance

4. Privacy

The medical documentation (part 1 and part 2) is kept in the student's file by a student psychologist of Study Guidance. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

5. Contact

You may contact the Reflex-team of Study Guidance, should you still have questions, via reflex@vub.be or +32 (0)2 629 20 16.

GENERAL PART (PART 1)

The documentation comprises two parts. In this general part (part 1), the **nature of the loss of function** is to be indicated. The overview of the included functions is based on the International Classification of Functioning, Disability and Health (ICF). The nature of the disability **determines the target group** to which the student belongs. With a view to further documentation, the decision tree is to be followed and the Vlor+ form for the specific target group is to be completed (part 2).

The following forms are available for specific target groups:

Documentation for attestation	Qualified expert
Students with a physical disability	(Treating) doctor
Students with a hearing impairment	(Treating) doctor
Students with a visual impairment	(Treating) doctor
Students with a chronic disease	(Treating) doctor
Students with an autism spectrum disorder (ASD)	(Treating) doctor, (child and youth) psychiatrist, neuropsychiatrist, certified psychologist or registered orthopedagogue
Students with an attention deficit hyperactivity disorder	(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue
Students with a tic disorder	(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropsychiatrist
Students with a developmental coordination disorder	(Treating) doctor, neurologist, neuropsychiatrist, (child and youth) psychiatrist
students with a stuttering disorder (developmental stuttering)	(Treating) doctor, speech therapist
Students with developmental dysphasia	(Treating) doctor, speech therapist
Students with a psychiatric disability	(Treating) doctor, (child and youth) psychiatrist, certified psychologist or registered orthopedagogue
Students with another disability	(Treating) doctor

If so desired, the student can request the documentation for an additional target group from us or download it on student.vub.be/en/special-student-facilities.

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

IDENTIFICATION INFORMATION OF THE EXPERT

Name:

Date:

Autograph:

Doctor's stamp

RECORD DATA (to be completed by the Study Guidance)

Study/Faculty/Campus:

Receipt date of complete file:

Nature of the loss of function

The qualified expert documents that the student presents the following loss of function:

<p><input type="checkbox"/> Single disability, in one of the following body functions:</p> <p><input type="checkbox"/> Neuromusculoskeletal and movement-related functions The documentation for students with physical disabilities target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p> <p><input type="checkbox"/> Hearing functions The documentation for students with hearing impairment target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability.</p> <p><input type="checkbox"/> Visual functions The documentation for students with visual impairment target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability</p> <p><input type="checkbox"/> Cardiovascular, haematological, immunological and respiratory functions</p> <p><input type="checkbox"/> Digestive, metabolic and endocrine system</p> <p><input type="checkbox"/> Genitourinary and reproductive functions The documentation for students with a chronic disease target group is to additionally be completed if the disability does result from a chronic disease. The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability.</p> <p><input type="checkbox"/> Mental functions The documentation for students with a chronic disease target group is to additionally be completed if the disability does result from a chronic disease. The documentation for students with a developmental disorder target group is to additionally be completed if the disability does result from a developmental disorder. The documentation for students with a psychiatric disability target group is to additionally be completed if the disability does result from a psychiatric disability. The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p> <p><input type="checkbox"/> Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Voice and speech functions <input type="checkbox"/> Pain functions <input type="checkbox"/> Skin and related systems functions <p>The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p>
<p><input type="checkbox"/> Single disability, the loss of function results from a chronic disease: The documentation for students with a chronic disease target group is to be completed.</p>
<p><input type="checkbox"/> Single disability, the loss of function is connected to a psychiatric disability: The documentation for students with a psychiatric disability target group is to be completed.</p>
<p><input type="checkbox"/> Multiple disabilities: If there is a multiple loss of function, the corresponding form for the specific target group is to be completed for each disability.</p>

VLOR-FORM (PART 2)

STUDENTS WITH AN ATTENTION DEFICIT HYPERACTIVITY DISORDER

The form below must be completed by the **(treating) (child or youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue**. The document is returned to Study Guidance via the student. The document is returned to the (function and service) via the student. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

To assist students as efficiently as possible, we would like to underline the following areas of attention in completion of this form.

- The form is to be completed entirely, objectively and meticulously.
- The form is to be completed by the qualified expert.
- Both section A and section B are to include the date, the signature and the identification (stamp) of the qualified expert.

We cannot accept documents that fail to meet these requirements.

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

SECTION A LOSS OF FUNCTION

1. Nature of the loss of function

I, the undersigned, document that the person identified above suffers from an attention deficit hyperactivity disorder that meets the criteria of the DSM-5.

Specify (DSM-5):

- Combined
- Predominantly inattentive
- Predominantly hyperactive-impulsive

Specify current severity (DSM-5):

- Mild
- Moderate
- Severe

In the past year and to date, the following disease activity and (para) medical follow-up occurred:

(Para) medical follow-up:

Disease activity (hospitalisations, emergency situations, ...):

2. Registration requirements

I **confirm** that the above-described loss of function has a significant **impact on school performance**. This impact on school performance is documented in section B of this form.

I hereby also **confirm** that:

- 0 the disorder and the loss of function are **permanent**: the impact of the loss of function on study performance for the entire duration of the academic programme is obvious.
- 0 the diagnosis was made in the past on the basis of multidisciplinary research.

3. Stamp, date and signature of (child or youth) psychiatrist, neurologist, neuropediatrician, certified psychologist or registered orthopedagogue

Date

Stamp

Signature

Accreditation number of the commission of psychologists

Registration number of the *Vlaamse Vereniging van Orthopedagogen*

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

SECTION B IMPACT ON SCHOOL PERFORMANCE

I hereby document that, following from an attention deficit hyperactivity disorder described in section A of this form, the student identified above experiences difficulties in performing the following school activities:

1. Loss of abilities

Mental functions

- **Consciousness**, in particular degree of consciousness, duration and quality thereof, experience of one's self and time, body image.
Difficulties:

- **Coordination and orientation** in time, space and person.
Difficulties:

- **Attention and memory**, in particular maintaining attention as opposed to dividing it, short-term and long-term memory, ability to recall information.
Difficulties:

- **Mobility: moving around** a building (including use of elevators etc.), moving between buildings at longer distances, using public transportation.

Difficulties:

- **Motor skills:**

- **Carrying, moving and manipulation of materials**, incl. **lifting and carrying material** (e.g. books (book bags), taking books from the library stacks, etc.); **hand and arm use** (e.g. flipping a page, easily moving materials around a desk, operating a computer's keyboard etc.); **fine hand motor skills** (e.g. using a calculator, wielding test tubes, using a ruler etc.).
- **Changing and maintaining position**, incl. **sitting down, standing up**, maintaining same **sitting position for extended period** (e.g. during lectures), **standing for extended period** (e.g. at a lab table, when completing exercises at the blackboard).

Difficulties:

4. Stamp, date and signature of (child or youth) psychiatrist, neurologist, neuropediatrician, certified psychologist or registered orthopedagogue

Date

Stamp

Signature

Accreditation number of the commission of psychologists

Registration number of the *Vlaamse Vereniging van Orthopedagogen*