

Disability Resource Center
The College of St. Scholastica

**ATTENTION DEFICIT/HYPERACTIVITY DISORDER
(AD/HD) DOCUMENTATION REQUEST FORM**

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE TYPED OR PRINTED IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH THE DISABILITY RESOURCE CENTER.

Student's Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Social Security Number: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation(s) from the Disability Resource Center due to AD/HD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, CSS Policy requires that a **Qualified Professional** provide current and comprehensive documentation of AD/HD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional.

IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN THREE YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM THE DISABILITY RESOURCE CENTER.

The documentation provided must include information that diagnoses the AD/HD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the AD/HD for the purpose of determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to CSS, Disability Resource Center

1. Diagnosis (as listed in the DSM-TR): _____

2. Please rank the following symptoms between 1 and 4, with 1 being least severe and 4 being most severe.

- ___ (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- ___ (b) often has difficulty sustaining attention in tasks or play activities.
- ___ (c) often does not seem to listen when spoken to directly.
- ___ (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- ___ (e) often has difficulty organizing tasks and activities.
- ___ (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- ___ (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- ___ (h) is often easily distracted by extraneous stimuli.
- ___ (i) is often forgetful in daily activities.
- ___ (j) often fidgets with hands or feet or squirms in seat.
- ___ (k) often leaves seat in classroom or in other situations in which remaining seated is expected.
- ___ (l) often runs about or climbs excessively in situations in which it is often inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- ___ (m) often has difficulty playing or engaging in leisure activities quietly.
- ___ (n) is often "on the go" or often acts as if "driven by a motor".
- ___ (o) often talks excessively.
- ___ (p) often blurts out answers before questions have been completed.
- ___ (q) often has difficulty awaiting turn.
- ___ (r) often interrupts or intrudes on others (e.g., butts into conversations or games).

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3. Date of Diagnosis: _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that may relate to AD/HD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):

5. What medication(s) have been prescribed:

6. Describe the student's functional limitations in an educational setting:

7. Please indicate the **RECOMMENDATIONS** you regard as necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at CSS.

Please check all that apply: extended time (2.0x) distraction-reduced environment
 no scantron volunteer note taker
 other _____

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

Please return this form directly to:

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