

Documentation of Attention-Deficit/Hyperactivity Disorder (AD/HD)

A student at Sarah Lawrence College (SLC) is requesting accommodations under the Americans with Disabilities Act on the basis of Attention-Deficit/Hyperactivity Disorder (AD/HD). This office requires current and comprehensive documentation of the student's disorder from a qualified diagnosing psychiatrist, psychologist, or relevantly trained medical doctor (**the provider completing this form cannot be a relative of the student**). Specific information concerning the student's condition and its impact on learning must be provided. **Please fill out the form completely.** Any questions should be directed to Polly Waldman, Assistant Dean of Studies and Disability Services at 914.395.2235 or at pwaldman@sarahlawrence.edu.

STUDENT'S NAME: _____

Please respond to the following items regarding the student named above (**Please print or type**): _____

1. What is the student's DSM IV diagnosis? _____

a. State the student's current symptoms that meet the criteria for this diagnosis. _____

b. State the age of onset of symptoms described by DSM IV. _____

c. What is the severity of the condition? _____

d. State the frequency of your appointments and the date of your last contact with this student.

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out. _____

3. List and describe the measures used to support the student's diagnosis. Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. Assessments should include evidence of ADHD from several tests rather than just one test. (Please attach assessment if available.)

4. Describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity.

5. List the student's current medication(s), dosage, frequency, and adverse side effects.

a. Are there significant limitations to the student's functioning directly related to the prescribed medications? YES _____ NO _____

b. If YES, please describe. _____

6. Does the student have a disability* as a result of his/her condition? YES _____ NO _____

*ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

7. If yes, please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary (e.g., if you suggest extended time state the reasons for this request related to the student's disability, and supported by psychometric testing).

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD)
(CONTINUED)

8. If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

THE PROVIDER COMPLETING THIS FORM CANNOT BE A RELATIVE OF THE STUDENT.

Signature of Provider: _____ Date: _____

License #: _____ State: _____

Please attach a statement describing your professional training in diagnosing ADHD.

Name/Title: _____

Address: _____

Phone: _____ Fax: _____

ALL DOCUMENTATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND SHOULD BE SUBMITTED TO:

POLLY B. WALDMAN, ASSISTANT DEAN OF STUDIES AND DISABILITY SERVICES
SARAH LAWRENCE COLLEGE
ONE MEAD WAY
BRONXVILLE, NEW YORK 10708

_____ **A COPY OF THE STUDENT'S SIGNED RELEASE OF INFORMATION FORM IS ATTACHED.**