



Request for ADA Accommodations
Attention Deficit Hyperactivity Disorder

Section 1: To be completed by Student

Name: _____ Phone #: _____
Address: _____
Email address: _____

Release of information: I grant permission to my healthcare provider (s) to release my education-related records and/or my medical or psychological records to Snead State Community College in connection with my request for accommodations.

Student's Signature Date

Section 2: To be completed by Professional Diagnostician

Name of Professional Making Diagnosis (please print): _____
Phone #: _____ Date of Assessment: _____
Highest Degree & Area of Specialization: _____
License Number: _____ Expiration: _____ State: _____

Professional Diagnostician Signature Date

Section 3: Assessments – To be completed by the professional diagnostician

***Please include an interpretation of the test results.**

Date(s) of Assessment(s): _____

- _____ Wechsler Adult Intelligence Scale III (WAIS) (or latest version)
- _____ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability
- _____ Stanford – Binet Intelligence Scale
- _____ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement
- _____ Wechsler Individual Achievement Test (WIAT)
- _____ Stanford Test of Academic Skills (TASK)
- _____ Scholastic Abilities Test of Adults (SATA)
- _____ Specific Achievement tests such as Test of Written Language – 3 (TOWL-3)
- _____ Woodcock Reading Mastery Tests – Revised, or the Stanford Diagnostic Mathematics Test

Professional Diagnostician Signature Date

Section 4: Diagnosed Disability

A clear & specific statement that the student is diagnosed with ADHD & accompanying DSM-IV-TR code(s) are required. Must include DSM-IV-TR criteria upon which this diagnosis was established. Alternative explanations & diagnoses must be ruled out.

DSM-IV Code(s): _____

Professional Diagnostician Signature

Date

Section 6:

Recommended Accommodation(s): _____

Rationale for Accommodations (s): _____

Section 7: Supporting Documents - **MUST BE NO MORE THAN 3 YEARS OLD.**

A letter on official letterhead, signed by the professional diagnostician has to include the following:

- **Evidence of early impairment**
The condition must have been exhibited in childhood in one or more setting.
Please include a brief academic history.
- **Evidence of current impairment**
In addition to the individual's history, documentation of current difficulties must include the student's clinically significant impairment in current social, academic, or occupational functioning. Must include evidence of impairment in two or more settings. Please include a description of how this individual is functionally limited in the classroom.
- **Historical Information, Diagnostic Interview, Psychological Evaluation**
 - a. Developmental history, including history of symptoms
 - b. Duration and severity of the disorder
 - c. Relevant, developmental, historical, and familial data
 - d. Behavioral Assessment Instruments for ADHD norm on adults; these should include at least two rating scales (with scores and summary data) completed by individuals other than parents (preferably teachers).

The interpretation of test results should include subtest & standard scores and should include most recent versions of the assessment results. Test protocol sheets, handwritten summary sheets or scores alone are not sufficient.

***The following assessments are unaccepted:**

Kaufman Brief Intelligence Test (KBIT)

Wechsler Intelligence Scale for Children (WISC)

Wide Range Achievement Test (WRAT)

Mini-Battery of Achievement

Section 5: Medication

Indicate whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response. Medication alone cannot be used to support a diagnosis.