

The Accommodation Services Office provides services to students with diagnosed Attention Deficit/Hyperactivity Disorder (ADHD). To determine eligibility for services, this office requires **current comprehensive documentation** of ADHD from a qualified diagnosing **physician, psychologist, psychiatrist, or other licensed medical/mental health professional currently treating the student.**

The provider(s) should attach any reports that provide additional related information (e.g., psycho-educational testing, neuropsychological test result, etc.) ***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.***

Please Print Legibly

Student Name: _____

Date Completed: ____/____/____ Student's Date of Birth ____/____/____

1. DSM-5 diagnosis:

- Predominantly Inattentive
- Predominantly Hyperactive-Impulsive
- Combined type
- Not otherwise specified: _____

2. Date of diagnosis: ____/____/____

First contact with student ____/____/____ Last contact with student: ____/____/____

3. What is the severity of the disability? Please check one:

- Mild Moderate Severe

Explain Severity: _____

4. List current medication(s) that may impact the student in the educational setting, and what impact they may have.

5. Please check all ADHD symptoms listed in the DSM-5 that the student currently exhibits:

Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
- often loses things necessary for task for activities (e.g., school assignments, pencils, books, etc.)
- often easily distracted by extraneous stimuli
- often forgetful in daily activities

Hyperactivity:

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities that are more sedate
- often "on the go" or often acts as if "driven by a motor"
- often talks excessively

Impulsivity:

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g., butts into conversations or games)

6. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability and degree of severity.

7. Student's History:

a. AD/HD History:

Provide any evidence of inattention and/or hyperactivity during childhood in more than one setting and presence of symptoms prior to age twelve.

b. Pharmacological History:

Provide any relevant pharmacological history, including an explanation of the extent to which the medication prescribed to treat AD/HD has mitigated the symptoms of the disorder in the past.

8. State specific recommendations regarding academic accommodations for this student, and the rationale as to why these accommodations/services are warranted based upon the student's functional limitation. Indicate why the accommodations are necessary.

9. If any co-morbid conditions exist, please describe.

Provider Information

Name (Please Print):	
Medical Specialty:	License #:
Address:	
Phone:	Email:
Clinician's Signature:	Date:

Please mail or fax this completed form and any additional information to:

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