ADHD AND PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDELINES

STUDENT: ______________________________________________

Please use separate paper if needed

1. DSM-IV diagnosis: ______________________________________________________

2. Date diagnosis was determined: _________________________________________

3. Instruments/procedures used to make diagnosis: _____________________________

4. Severity of disability: _______ Mild _______ Moderate _______ Severe

5. Date of last contact with student: __________________________________________

6. If student is taking disability-related prescribed medication, please list:
   _______________________________________________________________________

7. Description of student’s disability-related functional limitations and how they might
   impact on this student’s academic activities i.e. reading, notetaking, concentration,
   interactions with instructors and students, etc.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Signature: _______________________________ License #: ________________

Print name and title: ______________________________________________________________________

Address: ______________________________________________________________________________

Phone: ___________________ Date: _______________________________

Please address questions regarding documentation to:
Brian Schultz, Director of Student Accessibility Services