

**ATTENTION DEFICIT DISORDER
ATTENTION DEFICIT HYPERACTIVITY DISORDER
DOCUMENTATION FORM**

Student's Name: _____

The student named above is applying for disability accommodations and/or services through the Accessibility Resource Center (ARC) at William Paterson University. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of ADD/ADHD in and of itself does not substantiate a disability. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the ARC website. ARC expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of ADD/ADHD was derived through multiple assessment instruments that included formal measures.
- The assessment information is not more than three years old.
- The form is being completed by a professional qualified by having had comprehensive training and direct experience in the differential diagnosis of ADD/ADHD such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained medical doctor.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

What is the DSM-V or ICD diagnosis for this student?

Date student was first diagnosed: _____ Date student was last seen: _____

Age of onset? _____

Frequency of appointments with student (e.g., once a week, twice a month): _____

How was the diagnosis of ADD/ADHD arrived at? Please check all relevant items below and include brief notes regarding relevant findings.

- Interview with student: _____

- Interview with other persons: _____

- Behavioral observations: _____

- Behavioral checklists: _____

- Developmental history: _____

- Medical history: _____

- Educational history: _____

- Psycho-educational testing: _____

- Others (please specify): _____

Provide specific information about the academic limitations and severity of symptoms this student encounters as a result of ADD/ADHD:

Activity	No Limitation	Moderate Limitation	Substantial Limitation	Don't Know
Attention to detail/accuracy of work				
Sustaining attention				
Listening comprehension				
Completing tasks independently				
Sustained mental effort				
Organization				
Distractibility				
Memory				
Restlessness				
Impulsiveness				
Time management				
Mathematics				
Reading				
Writing				
Other (please specify)				

What symptoms cause impairment in two or more settings (e.g., work, home, school)?

Is the student on medication for ADD/ADHD? Yes No

If yes, list medication(s), dosage, and frequency, and any side effects and potential impact on academic functioning:

Additional information you believe would be helpful in determining if this student should be considered as disabled under the law: _____

In what settings has this student received disability accommodations in the past? _____

Recommendations regarding reasonable disability accommodations in the college environment along with rationale for each:

Certifying Professional

<hr/> <p>Name and Title</p>	<hr/> <p>Type of License or Certification</p>
<hr/> <p>Company/Office/Institution Affiliation Name</p>	
<hr/> <p>Address</p>	<hr/> <p>Phone #</p>
<hr/> <p>City, State, Zip</p>	<hr/> <p>Fax #</p>
<hr/> <p>Signature of Certifying Professional</p>	<hr/> <p>Date</p>

Please Return To:
Accessibility Resource Center
William Paterson University
300 Pompton Road, Speert Hall, Room 134
Wayne, NJ 07470
Fax: (973) 720-3293
E-mail: ARC@wpunj.edu