



Accessibility Services

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DOCUMENTATION OF ADHD

The Office of Disability Services’ goal is to provide reasonable and effective accommodations for students with qualifying disabilities to support equal access to their education.

Eligibility for accommodations is determined by the individual’s qualifications as a person with a disability. A disability is a physical or mental impairment that substantially impairs or restricts one or more major life activities. Documentation must be less than three years old.

Student Name: _____

Address: _____

Initial Diagnosis Date: _____

Last Contact Date: _____

DSM-IV multi-axial Diagnosis:

What methods and/or testing instruments were used to assess ADHD for this student?

Current Symptoms:

Please indicate ADHD medications prescribed for this student if any and possible side effects on educational functioning: _____

Assess degree of functional impairment due to ADHD demonstrated by this student:

	1=Negligible	2=Moderate	3=Substantial	4=Severe	UN=Unknown				
					1	2	3	4	UN
1) Time Management					1	2	3	4	UN
2) Organizational skills (physical and/or cognitive)					1	2	3	4	UN
3) Task persistence					1	2	3	4	UN
4) Memory skills					1	2	3	4	UN
5) Reading (fluency, comprehension)					1	2	3	4	UN
6) Quantitative skills					1	2	3	4	UN
7) Written Expression					1	2	3	4	UN
8) Employment/work skills					1	2	3	4	UN
9) Self esteem/social skills					1	2	3	4	UN
10) Other					1	2	3	4	UN

Suggested Accommodations: Diagnosticians can provide suggestions for reasonable accommodations appropriate at the post-secondary level of education. Such accommodations should be supported by the assessment results and by the diagnosis. Accommodations must be reasonable and cannot fundamentally alter the basic nature or essential elements of an institutions' courses or programs.

In addition to this document, please attach the diagnostic summary report and any information that you feel is relevant in determining appropriate accommodations for this student.

Diagnostician's Name: _____

Diagnostician's Title/Credentials: _____

Diagnostician's Signature: _____

Date: _____