



## EASTERN KENTUCKY UNIVERSITY

Center for Student Accessibility  
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Fax: 859-622-6794  
www.Disabilities.eku.edu

Whitlock CPO 66  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3166  
Disserv@eku.edu

### **Disabilities Documentation Guidelines For Students with Attention Deficit Disorder**

To insure the provision of “reasonable” accommodations under section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, Eastern Kentucky University students with Attention Deficit Disorders are required to self-identify as having a disability and to provide current and comprehensive documentation to the University regarding their disability. This documentation should include information which documents the ADD/ADHD disorder, describes the attentional and functional limitations in an education setting, indicates the severity and prognosis of the disorder, and lists recommendations for treatment.

To facilitate the completion of the information listed above, please respond to the following questions.

#### **To be completed by Psychiatrist/Psychologist/Diagnosing Physician**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. DSM V Diagnosis: \_\_\_\_\_

2. Level of Severity: (circle one)      Mild              Moderate      Severe

3. Initial date of diagnosis: \_\_\_\_\_

4. Most recent contact with student: \_\_\_\_\_

5. Testing/Assessment tools used in diagnosis: \_\_\_\_\_

\_\_\_\_\_

6. Describe current symptoms which meet the criteria for this diagnosis: \_\_\_\_\_

\_\_\_\_\_

7. Describe current functional limitations within an education setting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What measure were used to assess current educational achievement? \_\_\_\_\_

\_\_\_\_\_

9. Please list recommendations regarding effective academic accommodations to equalize this student's education opportunities at a post-secondary level. Describe accommodations in study skills and environment, classroom, note-taking and exam administration, course requirements, and housing needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Provide a medication history related to this disability. Is the student currently on medications? If so, list name of medication(s) and dosage related to the treatment of ADHD.

\_\_\_\_\_

\_\_\_\_\_

11. Has student showed responsibility in taking medication as prescribed? YES NO

List adverse effects of current medication \_\_\_\_\_

12. IN ADDITION TO THE DIAGNOSTIC REPORT, PLEASE LIST OR ATTACH OTHER INFORMATION RELEVANT TO THIS STUDENT'S ACADEMIC ADJUSTMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician: Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM TO:**

**Center for Student Accessibility**

**Eastern Kentucky University**

**361 Whitlock Bldg. CPO 66**

**521 Lancaster Ave.**

**Richmond, KY 40475-3166**

