



Office of Accessibility & Accommodations

Eastern Illinois University
600 Lincoln Avenue
Charleston IL 61920-3099
217-581-6583 (Voice/TTY)
217-581-7208 (Fax)

ADD/ADHD DOCUMENTATION FORM

To protect qualified students enrolled at Eastern Illinois University from discrimination on the basis of disability and to ensure the provision of reasonable and appropriate accommodations under section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA) of 1990, and the Americans with Disabilities Amendments Act of 2008, students requesting services must provide current documentation of the disability. In the case of ADHD, this documentation must provide a diagnosis which meets the criteria in the DSM-V **and** describe how the impairment substantially limits one or more major life activities such as thinking, learning, or concentrating. Office of Accessibility & Accommodations (A&A) requires *comprehensive documentation* which shows the functional limitations that impact the individual in the academic setting in order to determine appropriate services and accommodations. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

- **This form is to be completed by a professional qualified by comprehensive training and direct experience in the differential diagnosis of ADHD, i.e. psychologist, neuropsychologist, psychiatrist and other relevantly qualified mental health professionals OR documentation provided must be equivalent to this form and also completed by a qualified professional as stated previously.**
- **When providing information, please provide accurate, fully completed, comprehensive and legible answers in order to enable EIU/A&A to determine what accommodations, auxiliary aids, or services are needed. Illegible forms will delay the documentation review process for the student.**
- **The certifying professional should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). Although individualized assessments of current cognitive processing and educational achievement alone are not sufficient in diagnosing ADHD, they do provide supporting evidence as to the current functional limitations. *Please do not provide case notes or rating scales without a narrative that explains the results.***
- **All reports must be signed on professional letterhead and include the name, title, and professional credentials of the evaluator, including license or certification, area of specialization, and the state or province of practice.**
- **After completing this form, sign it, complete the Healthcare Provider Information section on the last page and return it to the student or to Office of Accessibility & Accommodations. If not using this form, please provide the Healthcare Provider Information within the documentation being provided and return it to the student or to Office of Accessibility & Accommodations.**
- **The information you provide will not become part of the student's educational records, but it will be kept in the student's file at A&A. In addition to the requested information, please attach any other material that you think would be relevant to the student's academic adjustment. If you have questions regarding this form, please call the A&A office at 217-581-6583. Thank you for your assistance.**

DIAGNOSTIC INFORMATION

Certifying Professional

DSM-V Diagnosis:

- 314.01 (F90.2) Combined type
- 314.00 (F90.0) Predominantly Inattentive
- 314.01 (F90.1) Predominantly Hyperactive-Impulsive
- 314.9 (F90.8) Other Specified Attention-Deficit/Hyperactivity (Attach detailed explanation)
- 314.01 (F90.9) Unspecified Attention-Deficit Hyperactivity (Attach detailed explanation)

Level of Severity

- Mild
- Moderate
- Severe

In Addition to DSM-V criteria, how did you arrive at your diagnoses?

- Behavioral observations
- Developmental history
- Rating scales (please list) _____
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Neuropsychological testing (dates of testing) _____
(Please attach diagnostic report of testing)
- Other (Please specify) _____

Are there any prescribed medications, dosages and schedules for medication which may influence the types of accommodations provided?

Is there any indication that this student may have an additional diagnosis such as depression, anxiety, etc.?

Student History

Educational History: Provide a history of the use of any educational accommodations and services related to this disability:

Compensatory Strategies: Describe the presence of the compensatory strategies employed by the student in any of the DSM-5 diagnostic criteria:

Certifying Medical Physician Information

Physician Name:

Physician Signature:

Medical Specialty:

License/Certification Number

Address:

Phone:

Email:

Date:

EIU Contact Information

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Phone 217-581-6583
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Email: accommodations@eiu.edu