



STATE UNIVERSITY OF NEW YORK

Accessibility Services
Technology Center, Room 8150
845-574-4541

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD/Inattentive ADHD/Hyperactive-Impulsive ADHD) DOCUMENTATION REQUEST FORM

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE **TYPED OR PRINTED** IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH ACCESSIBILITY SERVICES.

Student's Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

Social Security #: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Accessibility Services due to ADHD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College policy requires that a qualified professional provide current and comprehensive documentation of ADHD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM ACCESSIBILITY SERVICES.**

The documentation provided must include information that diagnoses the AD/HD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the AD/HD for the purpose of determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to RCC, Accessibility Services.

1. Diagnosis _____

2. Please rank the following symptoms between 1 and 4, with 1 being least severe and 4 being most severe.

- a) ____ often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- b) ____ often has difficulty sustaining attention in tasks or play activities
- c) ____ often does not seem to listen when spoken to directly
- d) ____ often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- e) ____ often has difficulty organizing tasks and activities
- f) ____ often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- g) ____ often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- h) ____ is often easily distracted by extraneous stimuli
- i) ____ is often forgetful in daily activities
- j) ____ often fidgets with hands or feet or squirms in seat
- k) ____ often leaves seat in classroom or in other situations in which remaining seated is expected
- l) ____ often runs about or climbs excessively in situations in which it is often inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- m) ____ often has difficulty playing or engaging in leisure activities quietly
- n) ____ is often "on the go" or often acts as if "driven by a motor"
- o) ____ often talks excessively
- p) ____ often blurts out answers before questions have been completed
- q) ____ often has difficulty awaiting turn
- r) ____ often interrupts or- intrudes on others (e.g., butts into conversations or games)

3. Date of Diagnosis: _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that may relate to AD/HD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations in an educational setting:

6. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at RCC.

Signature of Qualified Professional

Date

Qualified Professional's Name & Title (Printed)

License #.

Address

Telephone #.

Fax

Please return this form to:

Accessibility Services – Technology Center, Room 8150
Rockland Community College
145 College Road
Suffern, NY 10901
Phone 845-574-4541
Fax 845-574-4594