Please read the following prior to completing this form:

Student Accessibility Services at Kent State University provides support services to students with diagnosed disabilities, including AD/HD. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires *current*, *within the past 2 years*, and *comprehensive* documentation of the disorder from a qualified healthcare professional, typically a licensed psychiatrist or psychologist, or a member of a medical specialty. Please thoroughly complete this form, attach a copy of the diagnostic report, and send or fax it to SAS. Thank you for your assistance.

*NOTE: Student Accessibility Services (SAS) reserves the right to make appropriate modifications to the above time frame required for current documentation when necessary.

For any additional information about SAS please email Carol Jones at: cjone154@kent.edu

Please provide information about (student name): __________________________________________________________

1. DSM-IV diagnosis & code: __________________________________________________________

2. Level of Severity: (circle one):    mild       moderate       severe

3. Date of Diagnosis: ______________________________________________________________

   Last contact with student: _________________________________________________________

4. Please indicate the instruments used to obtain this diagnosis (at least one instrument from the first three categories is required; the forth category is optional). Please attach a copy of the diagnostic report:

   Cognitive: □ WAIS-III □ WAIS-IV □ Stanford Binet Intelligence Scales
   Attention: □ Digit symbol Coding □ Continuous Performance Test □ Stroop Color & Word Test
              □ Trail Making Test A & B □ Ruff 2/7 Test
              □ Other (please indicate what assessment was used) _____________________________

   Self-Report Measures: □ Brown ADD Scale □ Wender-Utah Rating Scale
                          □ ASRS □ Conners’ Rating Scale

   Optional Measures: □ MMPI-2 or MMPI-2-RF □ State-Trait Anxiety Inventory
                      □ Beck Depression Inventory-II □ Other (please identify) _____________
5. Describe relevant information obtained from your clinical interview with the student:
   (a) **AD/HD History** – evidence of symptoms during childhood, and/or evidence of inattentive or hyperactive-impulsive behavior that has significantly impaired functioning over time

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   (b) **Medical History** – relevant medical history including current medication(s), dosage, frequency of use and side effects

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   (c) **Educational/Academic History** – relevant information as to academic difficulties or successes during student’s elementary, secondary or post-secondary education

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Does this condition cause **substantial limitations to the student’s learning** in their academic environment?  □ NO  □ YES  (if yes, please describe):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

7. List any **recommendations for accommodations** in an academic setting you have for this student:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Please feel free to attach additional information describing specific concerns you may have, or ways that we may be of further assistance to this student.

   Signature: ____________________________  Date: ______________

   Printed Name and Title: ____________________________

   Address: ____________________________________________

   ____________________________

   Phone: ( ) ________________  E-mail address: ____________________________

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Please return this form with an accompanying diagnostic report to:

Student Accessibility Services  •  Kent State University, Ashtabula  •  Library  •  Ashtabula, OH 44004-0001
phone: (440) 964-4232  fax: (440) 964-4573  e-mail: cjone@kent.edu