

**ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD)
DOCUMENTATION REQUEST FORM**

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

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

This student is requesting service, academic adjustment, and/or other accommodation(s) from the Office of Disability Services due to AD/HD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation of AD/HD. 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 THREE YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM THE OFFICE OF DISABILITY 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 XAVIER UNIVERSITY OF LOUISIANA, Office of Disability Services.

1. Diagnosis (as listed in the DSM-IV): _____

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 regard as necessary and appropriate services, academic adjustments, or other accommodations to equalize the student's educational opportunities at XAVIER UNIVERSITY OF LOUISIANA.

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> extended time (1.5x) | <input type="checkbox"/> distraction-reduced environment |
| <input type="checkbox"/> alternative test format | <input type="checkbox"/> no scantron |
| <input type="checkbox"/> other _____ | |

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Please return this form directly to:

**Xavier University of Louisiana
Office of Disability Services
1 Drexel Drive Box 97
New Orleans, LA 70125
Phone: (504) 520-7315
Fax: (504) 520-7943**

