

Center for Access-Ability Resources
University Health Service Northern Illinois University DeKalb, Illinois 60115
Phone: (815) 753-9750

Attention Deficit Disorder Documentation

The student, whose name and signature appear below, has requested support services based on the diagnosis of a psychiatric disability. Students requesting such services from the Northern Illinois University Center for Access-Ability Resources are required, under Section 504 of the Federal Rehabilitation Act of 1973, to submit documentation to verify eligibility. This form must be completed by a psychiatrist, licensed psychologist, certified social worker (CSW or ACSW) or a licensed professional counselor. Please either complete and return this form, and/or send copies of diagnostic evaluation and progress reports (containing the requested information), to the name and address listed above. Please consider this signed consent as authorization to release this information to the Center for Access-Ability Resources.

Student Name

Student Signature

Birthdate

Please note: Accommodations will be provided only upon receipt of complete and adequate documentation.

DSM-IV Diagnosis:

Date of Diagnosis _____ **Date of last contact with student** _____ **Date of initial contact** _____

Additional Assessment Instruments and Results:

Describe the Functional Impact (current functional impact on cognitive, perceptual and physical abilities):

List of Current Medication (dosage, side effects):

Treatment Plan (please describe current treatment procedures, therapy, etc.):

Recommendation for Accommodations and/or Support Services (Based on the context of the diagnosis evaluation, please describe recommendations for specific exam and/or other academic accommodations/services that would minimize the impact of the disability.)

Please check which, if any, of the following support services/accommodations you feel would be appropriate:

Exam Accommodations: Extended time Low-distraction room Other _____
 Notetaking
 Tutoring
 Time Management/Organizations Skills Instructions
 Other (please specify) _____

Professional Credentials:

Signature of Certifying Professional

Print Name/Title

License/Certification Number & State of Licensure

Address

Phone