



**Office of Student Disability Services**  
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 Student Disability Services (OSDS) 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/OSDS 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 the Office of Student Disability Services. If not using this form, please provide the Healthcare Provider Information within the documentation being provided and return it to the student or to the Office of Student Disability Services.**
- **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 OSDS. 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 OSDS office at 217-581-6583. Thank you for your assistance.**

## STUDENT INFORMATION

*Please print legibly or type.*

*(Student completes)*

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E # (if a current EIU student): \_\_\_\_\_

Status (check one):  Current student  Transfer student  Prospective student

Local phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Address (street, city, state and zip code): \_\_\_\_\_  
\_\_\_\_\_

EIU E-Mail address: \_\_\_\_\_@EIU.EDU

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## RELEASE OF INFORMATION

*Student completes*

I, \_\_\_\_\_, authorize the identified certifying professional to release to Office of Student Disabilities Services (OSDS) the medical information requested on this form for the purpose of determining appropriate accommodations for my ADD/ADHD disability while a student at Eastern Illinois University. I also authorize my provider to discuss my disability with OSDS for clarification and continuity of care.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

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## Certifying Professional

*Please complete this section*

Today's Date: \_\_\_\_\_

Printed Name of Certifying Professional: \_\_\_\_\_

Signature of Certifying Professional: \_\_\_\_\_

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Date of Initial Diagnosis: \_\_\_\_\_ Date of Current Diagnosis: \_\_\_\_\_

## DIAGNOSTIC INFORMATION

*Certifying Professional*

### 1. 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)

### 2. Level of Severity

- Mild
- Moderate
- Severe

### 3. In addition to DSM-V criteria, how did you arrive at your diagnosis?

- 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's History

*Certifying Professional*

Student's History:

- 1) **Educational History:** Provide a history of the use of any educational accommodations and services related to this disability.

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- 2) **Compensatory Strategies:** Describe the presence of compensatory strategies employed by the student in any of the DSM-V diagnostic criteria:

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## Functional Limitations & Recommendations

*Certifying Professional*

Describe the **functional limitations** which impact the student specifically in the academic setting based on the ADHD diagnosis, the **accommodations** that are being requested, and the **rationale** for each accommodation:

Functional Limitation	Reasonable Accommodation	Rationale
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____
3. _____ _____	_____ _____	_____ _____
4. _____ _____	_____ _____	_____ _____
5. _____ _____	_____ _____	_____ _____

Optional Comments: Please use the space below (and additional sheets as needed) to provide any information that will be helpful to the Office of Student Disabilities Services Staff in considering the accommodations you are recommending.

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**Thank you for your help in providing this information so that we may begin providing services as soon as possible. Please return this form to the student.**