

Disability Resource Center
Division of Student Affairs & Enrollment Management
Northern Illinois University
Campus Life Building Suite 180
DeKalb, Illinois 60115
Phone: (815) 753-1303/Fax: (815) 753-9570
www.niu.edu/disability

Attention Deficit Hyperactivity Disorder Documentation

The student, whose name and signature appear below, has requested disability related services based on the diagnosis of an Attention Deficit Hyperactivity Disorder. The student is requesting that the following information be provide by a licensed professional trained in the area of ADHD. Please complete and return this form, and/or send copies of diagnostic evaluations 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 Disability Resource Center.

Student Name

Student Signature

Birthdate

ZID

Please note: Information provided is considered in determining appropriate disability relates resources, including academic accommodations.

DSM-V Diagnosis:

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

Additional Assessment Instruments and Results:

Describe the Functional Impact (cognitive, perceptual and physical abilities):

List of Current Medication (dosage, side effects):

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

Recommendations for Accommodations and/or Resources:

Suggested Academic/Instructional Accommodations:

- | | |
|---|--|
| <input type="checkbox"/> Note taking | <input type="checkbox"/> Tape Recording Lectures |
| <input type="checkbox"/> Time Extensions on Exams | <input type="checkbox"/> Low Distraction Testing Environment |
| <input type="checkbox"/> Preferential Classroom Seating | <input type="checkbox"/> Early Syllabus |
| <input type="checkbox"/> Classes scheduled around impact of ADHD medication | |
| <input type="checkbox"/> Other (please specify) _____ | |

Professional Credentials:

Signature of Certifying Professional	Print Name/Title
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License/Certification Number & State of Licensure	Date
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Address

Phone