

**CERTIFICATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

Disability Services at Edison Community College offers programs and related services that provide equal access to the college's educational opportunities for students with disabilities.

Students requesting accommodations on the basis of Attention-Deficit/Hyperactivity Disorder (ADHD) must provide current and comprehensive documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of psychiatric disorders (i.e., licensed clinical psychologist, neuropsychologist or psychiatrist). **Please note that this office WILL NOT accept documentation provided by a member of the student's family.**

**TO BE COMPLETED BY THE APPLICANT**  
**PLEASE PRINT OR TYPE**

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL**  
**PLEASE PRINT OR TYPE**

**CERTIFYING PROFESSIONAL:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**OFFICE/AGENCY:** \_\_\_\_\_

**OFFICE/AGENCY ADDRESS:** \_\_\_\_\_

**OFFICE/AGENCY PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**PLEASE REVIEW AND COMPLETE THE REVERSE SIDE OF THIS FORM**

1. State the applicant's diagnosis(es) as per the Diagnostic and Statistical Manual-IV (DSM-IV-TR).

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Indicate the date when evaluation was done:

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Indicate the date of the last appointment:

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2. Based on the diagnosis, suggest how the specific effects of the disability may be reasonably accommodated.

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3. Please attach a clinical summary or a psychoeducational evaluation that supports the rendered diagnosis. These materials must include:

- evidence of early impairment,
- a diagnostic interview,
- assessment tools and test data that support the ADHD diagnosis and the date when the last evaluation was conducted.

The report MUST describe the extent to which the symptoms of the rendered diagnosis would negatively impact the academic performance for which accommodations are being requested.

\* For more information, please refer to [www.ets.org](http://www.ets.org) on ADHD Documentation Criteria under Resources for Test Takers with Disabilities.

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

\_\_\_\_\_  
Date

<p><b>PLEASE RETURN THIS FORM TO:</b>  Coordinator of Disability Services  Edison Community College  1973 Edison Drive  Piqua, OH 45356  Or Fax to (937) 778-4692</p>
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