

CERTIFICATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Disability Services at Edison State 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-V (DSM-V).

Indicate the date when evaluation was done:

Indicate the date of the last appointment:

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

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 on ADHD Documentation Criteria under Resources for Test Takers with Disabilities.

Signature of Certifying Professional

Date

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