



Academic Enrichment Center
801 National Road West
Richmond, IN 47374
TEL: 765 983-1341
FAX: 765 973-2120

WEB: <http://earlham.edu/~sas/support>

CERTIFICATION OF AD/HD DIAGNOSIS

The student named below has applied for disability status and accommodations from Earlham College. In order to determine eligibility and to provide accommodations, we require current documentation of the student's AD/HD diagnosis and level of impairment. For documentation to be considered current, the date of the student's last appointment should be **within the past 3 years**.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations; documentation from a qualified professional must support the request for accommodations.

The information you provide will be kept confidential as required or permitted by law and become part of the student's educational record held in the Academic Enrichment Center (AEC). In addition to the requested information, please attach any information you believe is relevant to the student's request for disability accommodation. Please be aware that disability documentation will be released to the student at her/his request.

You may mail or fax the completed form to AEC using the information above. Please contact us if you have any questions or concerns. Thank you for your assistance.

Student's Name: _____ Date of Birth: _____

Today's Date: _____ Date of Last Appointment: _____

Date of Diagnosis (below): _____

DSM-IV Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

1. In addition to DSM-IV criteria, how did you arrive at your diagnosis? Please check all relevant items below, *adding brief notes that you think might be helpful to us as we determine appropriate accommodations for the student.*

Childhood Symptoms of AD/HD (please describe symptoms)

Rating Scales (please identify scale used, who completed the scale, and include a narrative about the results)

Considered differential diagnosis (please describe how and why other psychiatric or medical disorders were ruled out)

Educational history (please describe)

Neuro-psychological testing and date(s) of testing (please include testing)

Psycho-educational testing and date(s) of testing (please include testing)

2. Please check which of the life activities listed below are affected because of the AD/HD diagnosis. Indicate the level of limitation.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SIGNIFICANT IMPACT	DON'T KNOW
Eating				
Sleeping				
Social Interactions				
Caring for one's self				
Learning: Managing internal distractions				
Learning: Managing external distractions				
Learning: Concentrating				
Learning: Memory				
Other				

3. What other specific symptoms are manifesting at this time that might affect the student's academic performance and/or social functioning?

4. What medication is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by his/her disability?

Circle one: 6 Months 1 Year More than 1 year

6. Is there anything else you believe we should know about the student's AD/HD diagnosis and/or level of impairment?

CERTIFYING PROFESSIONAL*

Printed Name: _____ License Number: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

*** The diagnosing professional must have expertise in the differential diagnosis of the documented disorder and follow established practices in the field.**