



## GUIDELINES FOR DOCUMENTATION

### ***ATTENTION DEFICIT (HYPERACTIVITY) DISORDER (ADD/ADHD)***

The Center for Success (CFS) provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. Documentation should be submitted by an external, qualified provider, as documentation from the University Counseling Center typically cannot be used on its own to support an accommodation request. If you have any questions pertaining to documentation needs, feel free to contact the Accessibility Coordinator at (740) 284-5358 or email [accessibility@franciscan.edu](mailto:accessibility@franciscan.edu).

#### **STUDENT INFORMATION:**      \*\*\* To be completed by the student \*\*\*

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FUS ID#: \_\_\_\_\_ FUS Email: \_\_\_\_\_ @student.franciscan.edu

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

#### **MEDICAL INFORMATION:**      \*\*\* To be completed by the diagnosing professional \*\*\*

*The provider should refrain from restating the student's self-report (e.g., "student reports," "student endorses"); Accessibility Services requires objective diagnostic impressions. Note: Documentation based on a single encounter conducted solely to obtain a diagnosis may not provide enough information to establish a non-observable disability or an accommodation need and may require additional documentation.*

1. What is the diagnosis, date of diagnosis, and your last contact with the student?
  
  
  
  
  
  
  
  
  
  
2. Indicate all instruments and procedures used to diagnose the ADD (i.e. clinical interview, psycho-educational testing, behavioral rating scales, etc.)
  
  
  
  
  
  
  
  
  
  
3. What is the severity of the disorder?  Mild       Moderate       Severe

4. How does ADD/ADHD or treatment plan impact this student in an educational setting (functional limitations)? Please be specific.
  
  
  
  
  
  
  
  
  
  
5. What recommendations do you have regarding accommodations and your rationale for each of the accommodations?
  
  
  
  
  
  
  
  
  
  
6. Are there any indications that this student may have an additional diagnosis (i.e., depression, anxiety, learning disabilities, etc.)?
  
  
  
  
  
  
  
  
  
  
7. Please add any additional comments that you feel appropriate:

**PROVIDER INFORMATION:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

***Once completed, please return this form back to the student so that they may upload it with their Accessibility Application (found on the FUS website or the Port).  
If you have questions regarding this form, please call Accessibility Services at 740-284-5358.***