

**Jefferson Community College
Scanlon Learning and Success Center**

Documentation Form for ADHD

This form is intended to assist an evaluator who is documenting ADHD for a JCC student. Please complete all sections on this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning and Success Center for review. Please refer to the attached guidelines for more information in regard to each of the following sections.

Student Name: _____ **DOB:** _____

Evaluator Information

Title and practice name: _____

Name and credentials: _____

Mailing address: _____

Telephone number: _____ Fax number: _____

Email address: _____

Diagnosis and Supporting Criteria

Please state the DSM-IV diagnosis and include any references to testing or clinical data that substantiate the finding. Also, please list any medications and their impact on any major life function. Please fill out chart completely.

DSM-IV Diagnosis: _____

Description: _____

Medication Impact: _____

Requested Accommodation(s)

Please place a checkmark next to each accommodation(s) that is being requested for this student. Please explain why this accommodation is being recommended. At this point in time, the functional limitation(s) in an academic setting is.....

_____ **Extended time to complete exams/quizzes**, please specify _____ (e.g. 1.5 times the allotted exam period)
Explanation for recommendation: _____

_____ **Exams/quizzes in a separate location**
Explanation for recommendation: _____

_____ **Exams/quizzes read orally**
Explanation for recommendation: _____

_____ **Books on tape/disc**
Explanation for recommendation: _____

_____ **Tape-recorded lectures** (in lieu of paper notes for students with mobility or cognitive impairments)
Explanation for recommendation: _____

_____ **Notetakers** (hard copy generally restricted to ADHD and auditory impairment and/or auditory processing disorders)
Explanation for recommendation: _____

_____ **Word processor**
Explanation for recommendation: _____

_____ **Other accommodations** (please feel free to append pages)
Explanation for recommendation: _____

Testing Instruments

Please list the instrument used to render diagnosis (for ex.- The Connor's Rating Scale). Also, please list the names of **aptitude tests** administered, all subtest names, and the dates of administration:

Verbal IQ Score_____ Performance IQ Score_____ Full-Scale IQ Score_____

Please list the names of all **achievement tests** used, subtests names where applicable, and date of administration:

Please list the names of all **information-processing** tests used and dates of administration:

Please list the names of all **other tests** used and dates of administration:

Please comment on this student's **strengths and weaknesses** as they pertain to the academic setting. This information will aid in the appropriate design and delivery of academic and/or accommodative services (feel free to append an additional page): _____

Evaluator signature

Date

If you have questions, please feel free to contact Tanya Hoistion, JCC Disability Specialist, at (315)-786-2335 or thoistion@sunyjefferson.edu.