



**Directions for completing this form:**

- 1. Download and save the form to your computer**
- 2. Complete the fillable form**
- 3. Submit the form by clicking the "email to SASS" button or return via email or mail.**

**Documentation Form: Attention Deficit/Attention Deficit Hyperactivity Disorder ADD/ADHD**

Student's Name: \_\_\_\_\_

The student named above is applying for disability accommodations and / or services through the Student Accessibility and Support Services (SASS) Office at Rider University. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with ADD/ADHD and provided evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of ADD/ADHD in itself does not substantiate a disability. In others words, information sufficient to provide a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the SASS website for documentation guidelines. SASS expects the following regarding this form:

- The form will be completed with as much detail as possible.
- The diagnosis of ADD/ADHD was derived through multiple assessment instruments that included formal measures.
- The assessment information should not be more than three years old.
- The form is being completed by a qualified professional who has had comprehensive training and direct experience in the differential diagnosis of ADD/ADHD such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained medical doctor.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

Date student was first diagnosed:

Date student was last seen:

Age of Onset:

How was the diagnosis of ADD/ADHD determined?

What is the severity of the disorder?

Mild

Moderate

Severe

Explain the serveryity indicated above.

Provide specific information about the academic limitations and severity of symptoms this student encounters as a result of ADD/ADHD by placing an “X” in the appropriate box.

| Activity                               | No Limitation | Moderate Limitation | Substantial Limitation | Don't Know |
|--|---------------|---------------------|------------------------|------------|
| Attention to detail / accuracy of work |               |                     |                        |            |
| Sustaining attention                   |               |                     |                        |            |
| Listening comprehension                |               |                     |                        |            |
| Completing tasks independently         |               |                     |                        |            |
| Sustained mental effort                |               |                     |                        |            |
| Organization                           |               |                     |                        |            |
| Distractibility                        |               |                     |                        |            |
| Memory                                 |               |                     |                        |            |
| Restlessness                           |               |                     |                        |            |
| Impulsiveness                          |               |                     |                        |            |
| Time management                        |               |                     |                        |            |
| Mathematics                            |               |                     |                        |            |
| Reading                                |               |                     |                        |            |
| Writing                                |               |                     |                        |            |
| Other (please specify)                 |               |                     |                        |            |

What symptoms impact the student the most? In which settings is the student impacted the most?

Is the student on medication for ADD/ADHD?

Yes

No

If on medication, list the medications and side effects and describe impact on academic functioning.

Please provide any additional information concerning how a student's symptoms impact performance in an academic and/or residential setting.

List any recommendations for accommodations along with a rationale for each:

**Certifying Professional**

|  |   |
|--|---|
| _____<br>Name and Title                              | _____<br>Type of License or Certification |
| _____<br>Company/Office/Institution Affiliation Name |   |
| _____<br>Address                                     | _____<br>Phone #                          |
| _____<br>City, State, Zip                            | _____<br>Fax #                            |
| _____<br>Signature of Certifying Professional        | _____<br>Date                             |

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