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Services for Students with Disabilities

Documentation of Attention Deficit (Hyperactivity) Disorder/AD(H)D
Confidential

TO BE COMPLETED BY STUDENT:

I hereby authorize _____ to

Release to and discuss with the Rider Services for Students with Disabilities Office
the information specified below.

Signature: _____ Date: _____

To ensure the provision of reasonable and appropriate accommodations for students with ADD/ADHD at Rider University, **this form must be completed by an appropriate professional (e.g. psychiatrist, neurologist, psychologist, neuropsychologist).**

TO BE COMPLETED BY PROFESSIONAL:

Name of Student: _____ Date of Birth: _____

DSM V diagnosis: _____ DSM V code: _____

Date of Original Diagnosis: _____ Date student was last seen: _____

1) Please provide the following:

Date of most current evaluation: _____

Diagnostic criteria/assessment tools used: _____

2) Please indicate student's current symptoms, likely impact on academic functioning in a college setting, and recommended academic accommodations:

Symptoms:

Functional Limitations:

Recommended Academic Accommodations:

What accommodations does the student need **without** medication? _____

What accommodations does the student need **with** medication? _____

3) Please identify any treatment in which the student is currently involved.

4) a: Please list all currently prescribed medication and any side effects which may impact the student's academic functioning or any other area of the student's college life.

b: How does the prescribed medication attenuate the negative impact of the student's disability?

5) What other information do you consider relevant to this student's ability to succeed in a college setting?

6) **Please attach all relevant assessment data (including clinical interview, results of psychological / psychiatric evaluation, and standardized test scores).**

Signature: _____

Print Name and Title: _____

License # _____

Address: Agency Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Return this form to: Services for Students with Disabilities
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Vona Annex, Room 8
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