



**DISABILITY  
& LEARNING  
RESOURCE CENTER**

**Attention-Deficit/Hyperactivity Disorder (ADHD) Documentation Form**

**STUDENT NAME:** \_\_\_\_\_ **STUDENT PHONE:** \_\_\_\_\_

**STUDENT EMAIL(S):** \_\_\_\_\_

**STUDENT MAILING ADDRESS:** \_\_\_\_\_

**STUDENT:** Please have this form completed by a qualified professional and return it to the Disability and Learning Resource Center (address on following page).

**To ensure the provision of reasonable and appropriate services for students with ADD/ADHD at The School of the Art Institute of Chicago, a licensed professional (e.g. physician, psychologist, psychiatrist) must provide current and comprehensive documentation of the differential diagnosis of the student's disability. The ADA Amendments Act views a disability as a physical or mental impairment that substantially limits one or more major life activities, such as: manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, concentrating, or working.**

Please complete the following form for \_\_\_\_\_ who has requested disability-related services and accommodations from our office. (Please print clearly or type.)

1. DSM-IV Diagnosis and comorbid conditions, if any: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_

3. Date of your last contact with the student: \_\_\_\_\_

4. What instruments/procedures were used to diagnose ADD/ADHD?

5. Please describe the current symptoms of this disorder. What is the expected duration, stability, and/or progression of this disorder?

6. Please briefly describe the current treatment, including medications. Describe any possible side effects of the medication.

7. Please describe the current functional impact of this disorder/disability on the student's daily activities and academic performance so that we can determine the specific accommodations which may be necessary. If the student is requesting accommodations in a residence hall, please discuss the limitations to a major life function and suggested means of accommodating this limitation.

8. What **academic accommodations** (e.g. testing modifications, adjusted course load, etc.) would you suggest to enhance this student's chance for success?

9. Please attach any additional information that you believe to be relevant to meeting this student's disability related academic needs.

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License #: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please return this form to:

Attn: DLRC

dlrc@saic.edu

Disability and Learning Resource Center

The School of the Art Institute of Chicago

116 S. Michigan Avenue, 13<sup>th</sup> Floor

Chicago, IL 60603

Phone: (312) 499-4278

Fax: (312) 499-4290