

AD/HD Release Form

I, _____, request that written documentation supporting my disability (evaluations, reports, and other relevant data) be forwarded to:

University of New Orleans
Office of Disability Services
New Orleans, LA 70148

Student/Prospective Student

Witness

Date

UNO Disability Services

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) DOCUMENTATION REQUEST FORM

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND MUST BE TYPED OR LEGIBLY HAND-WRITTEN IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH DISABILITY SERVICES.

Student's Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Student ID Number: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services due to AD/HD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a Qualified Professional provide current and comprehensive documentation of AD/HD. Qualified professionals include the following: licensed psychiatrists, licensed psychologists, medical doctors or other qualified mental health professionals, provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population.

IN ORDER TO BE CONSIDERED CURRENT, THE AND DOCUMENTATION BEING PROVIDED MUST DATED WITHIN 3 YEARS OF THE STUDENT'S REQUEST FOR ACCOMMODATIONS.

The documentation provided must include information that diagnoses the ADHD (as diagnosed by the DSM-IV-TR), describes the functional limitations in an educational setting, and indicates the severity and longevity of the ADHD for the purpose of determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to the UNO Disability Services office.

- 1. Diagnosis (as diagnosed by the DSM-IV): _____
2. Date of Diagnosis: _____ Date of Last Contact with Student: _____
3. Please indicate the following which should be used in assessment. (When applicable, you must attach a copy of the Diagnostic Report, including standard scores and/or percentiles.)
a. Evidence of early impairment.
b. Evidence of current impairment.

c. Clinical/diagnostic interview (or attach summary for ease).

WHERE APPLICABLE, PLEASE NOTE ITEMS D THROUGH G

- d. Rating Scales Wender Utah Rating Scale
- Brown Attention-Activation Disorder Scale
- Beck Anxiety Inventory

- e. Aptitude -**Must include one of the following tests.** (Please check all tests that apply):
 - Weschler Adult Intelligence Scale-III
 - Kaufman Adolescent and Adult Intelligence
 - Stanford-Binet Intelligence Scale (5th ed.)
 - Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability

- f. Achievement - **Must include one of the following tests.** (Please check all tests that apply.):
 - Scholastic Abilities Test for Adults
 - Stanford Test of Academic Skills
 - Woodcock-Johnson Psychoeducational Battery-Revised III: Test of Achievement
 - Wechsler Individual Achievement Test

- g. Information Processing
 - Detroit Tests of Learning Aptitude
 - Subtests from the WAIS-III or The Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability

- h. Other tests deemed necessary such as
 - Conners Continuous Performance Test (CPT)
 - Integrated Visual and Auditory (IVA) CPT
 - Other (please detail below)

4. Provide a summary of the student's educational, medical, and family history that may relate to ADHD, if not included in an evaluation being provided. (Must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations in an educational setting: _____

7. Is this student taking any medication? If yes, please list medication(s), dosage(s), date of initial prescription and side effects of the medication: _____

8. Will the student continue to need accommodations when utilizing medication(s)? _____

9. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at UNO.

Please check all that apply: extended time (1.5x/2x) distraction-reduced environment for testing
 no scantron volunteer note taker other (please detail below)

Qualified Professional's Signature: _____

Date: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Email Address: _____

Attach business card here (required)

Please return this original form to:

University of New Orleans
2000 Lakeshore Dr.
Office of Disability Services
New Orleans, LA 70148
Phone: (504) 280-7284