



# Request for ADA Accommodations

## Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)

### Section 1: To be completed by the Student

Name: \_\_\_\_\_ A Number: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Email address: \_\_\_\_\_

Release of information: I grant permission to my healthcare provider (s) to release my education related records and/or my medical or psychological records to Reid State Technical College in connection with my request for accommodations.

\_\_\_\_\_  
Student's Signature Date

### Section 2: To be completed by the Professional Diagnostician

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_  
Highest Degree & Area of Specialization: \_\_\_\_\_  
License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ State: \_\_\_\_\_

### Section 3: Assessments – To be completed by the Professional Diagnostician

\*Please include an interpretation of the test results.

Date(s) of Assessment(s): \_\_\_\_\_

- \_\_\_\_ Wechsler Adult Intelligence Scale III (WAIS) (or latest version)
- \_\_\_\_ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability
- \_\_\_\_ Stanford – Binet Intelligence Scale
- \_\_\_\_ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement
- \_\_\_\_ Wechsler Individual Achievement Test (WIAT)
- \_\_\_\_ Stanford Test of Academic Skills (TASK)
- \_\_\_\_ Scholastic Abilities Test of Adults (SATA)
- \_\_\_\_ Specific Achievement tests such as Test of Written Language – 3 (TOWL-3)
- \_\_\_\_ Woodcock Reading Mastery Tests – Revised, or the Stanford Diagnostic Mathematics Test

#### **Section 4: Diagnosed Disability**

**A clear & specific statement that the student is diagnosed with ADHD & accompanying DSM-IV-TR code(s) are required. Must include DSM-IV-TR criteria upon which this diagnosis was established. Alternative explanations & diagnoses must be ruled out.**

DSM-IV Code(s): \_\_\_\_\_

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#### **Section 5: Accommodations**

Recommended Accommodation(s): \_\_\_\_\_

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Rationale for Accommodations (s): \_\_\_\_\_

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#### **Section 6: Supporting Documents – Within 3 years of enrollment date.**

**A letter on official letterhead, signed by the Professional Diagnostician must include the following:**

- Evidence of early impairment  
The condition must have been exhibited in childhood in one or more setting. Please include a brief academic history.
  
- Evidence of current impairment  
In addition to the individual's history, documentation of current difficulties must include the student's clinically significant impairment in current social, academic, or occupational functioning. Must include evidence of impairment in two or more settings. Please include a description of how this individual is functionally limited in the classroom.
  
- Historical Information, Diagnostic Interview, Psychological Evaluation
  - a. Developmental history, including history of symptoms
  - b. Duration and severity of the disorder
  - c. Relevant, developmental, historical, and familial data
  - d. Behavioral Assessment Instruments for ADHD norm on adults; these should include at least two rating scales (with scores and summary data) completed by individuals other than parents (preferably teachers).

**The interpretation of test results should include subtest & standard scores and should include most recent versions of the assessment results. Test protocol sheets, handwritten summary sheets or scores alone are not sufficient.**

\*The following assessments are unaccepted:  
Kaufman Brief Intelligence Test (KBIT)  
Wechsler Intelligence Scale for Children (WISC)  
Wide Range Achievement Test (WRAT)  
Mini-Battery of Achievement

### **Section 5: Medication**

Indicate whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response. Medication alone cannot be used to support a diagnosis.

Professional Diagnostician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Thank you for your assistance in completing this verification form.

Please return this information to the ADA Coordinator listed below:

Dean of Students  
Reid State Technical College  
ADA Coordinator  
P. O. Box 588 Evergreen, AL 36401  
Phone: (251) 578-1313  
Edith A. Gray Library & Technology Center  
Student Services Department

Note: Each student's documentation will be evaluated on a case-by-case basis. Following these guidelines will help ensure proper consideration of each student's individual situation in the timeliest manner. Also, a High School IEP, 504 Plan, and/or a letter from a physician or other professional may not be sufficient to document ADD or ADHD. Medication cannot be used to imply a diagnosis.