



## EASTERN KENTUCKY UNIVERSITY

*Serving Kentuckians Since 1906*

Student Judicial Affairs  
Services for Individuals with Disabilities

Turley House 1  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3102  
(606) 622-1500 TDD or Voice

### **Disability Documentation Guidelines For Students with Attention Deficit Disorder**

To insure the provision of "reasonable" accommodations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Eastern Kentucky University students with Attention Deficit Disorders are required to self-identify themselves as having a disability and to provide current and comprehensive documentation to the University regarding their disability. This documentation should include information which documents the ADD (ADHD) disorder, describes the attentional and functional limitations in an educational setting, indicates the severity and prognosis of the disorder, and lists recommendations for treatment.

To facilitate the completion of the information listed above, please respond to the following questions.

#### **To be completed by Psychiatrist/Psychologist/Diagnosing Physician**

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

1. DSM IV Diagnosis: \_\_\_\_\_

2. Level of Severity: ( circle one ) Mild      Moderate      Severe

3. Initial date of diagnosis: \_\_\_\_\_

4. Most recent contact with student: \_\_\_\_\_

5. Testing/Assessment tools used in diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe current symptoms which meet the criteria for this diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe current functional limitations within an educational setting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What measures were used to assess current educational achievement?

\_\_\_\_\_  
\_\_\_\_\_



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9. Please list recommendations regarding effective academic accommodations to equalize this student's educational opportunities at a post-secondary level. Describe accommodations in study skills and environment, classroom note taking and exam administration, course requirements, and housing needs.

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10. Provide a medication history related to this disability.

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Is the student currently on medication? Type and dosage.

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Has student showed responsibility in taking medication as prescribed? Yes No  
List adverse effects of current medication.

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**IN ADDITION TO THE DIAGNOSTIC REPORT, PLEASE ATTACH OTHER INFORMATION RELEVANT TO THIS STUDENT'S ACADEMIC ADJUSTMENT.**

Print name: \_\_\_\_\_

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

Office address \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**RETURN THIS FORM TO:**

Office of Services for Individuals with Disabilities  
361 Student Service Building  
Eastern Kentucky Univeristy  
Richmond, Kentucky 40475

