



Center for Academic Support and Advising Services
(251) 380-3470 Fax: (251) 380-2147 accommodations@shc.edu

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD)

Attention Deficit/Hyperactivity Disorder (often shortened to attention deficit disorder or AD/HD) may make it difficult for a person with this disability to sit calmly and give a task his/her full attention. The services available are designed to aid and encourage the college student with AD/HD to achieve success on a college/university campus.

DOCUMENTATION GUIDELINES:

Students with Attention Deficit/Hyperactivity Disorder **must provide** documentation that meets the following criteria:

- Documentation must be **comprehensive and current** (within three (3) years prior to the student's request for accommodation(s).)
- Professionals conducting assessments, rendering diagnoses of specific disabilities, and making recommendations for appropriate accommodation(s) must be qualified to do so (e.g., licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional).
- The documentation **must** identify an unequivocal diagnosis of a specific disability.
- The documentation **must** discuss functional limitations caused by the disability in an academic environment or the environment in which the student is requesting accommodation(s).
- The documentation should **recommend accommodation(s)** to compensate for identified functional limitations.
- The documentation should list current medication, dosages, and existing (not possible) side effects.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Note taking
- Extended time for in-class assignments and examinations
- Examinations in a distraction-reduced environment
- Tape recorded lectures
- Individualized Registration Counseling



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ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) DOCUMENTATION REQUEST FORM

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services. ****

Student's Name: _____

Address: _____

Phone Number: _____ STUDENT ID#: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the 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, College Policy requires that a Qualified Professional provide current and comprehensive documentation of AD/HD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional *who is not a family member of the student*. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses the AD/HD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the AD/HD 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 SHC, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): _____
2. If you have a formal evaluation, please attach it.
3. Date of Diagnosis: _____
4. Date of Last Contact with Student: _____
5. Provide a summary of the student's educational, medical, and family history that may relate to AD/HD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences.

6. List current medication along with any current side effects that may impact academic performance:

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

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 SHC?

Please check all that apply: _____ extended time (1.5x) _____ distraction-reduced environment

____ volunteer note taker

Please note: If any other accommodations are being requested, additional documentation WILL BE REQUIRED.

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Qualified Professional Signature _____

Printed Name & Title _____

Daytime Telephone Number of Professional _____

Address (please include city and state) _____

Date _____

Spring Hill College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding non-discrimination policies:

EEO/Title IX Officer: Kevin Abel, 4000 Dauphin Street, (251) 380-3026, kabel@shc.edu; Deputy Coordinators – Christine Collins, 4000 Dauphin Street, (251) 380-2267, ccollins@shc.edu; Emily Marcouiller, 4000 Dauphin Street, (251) 380-4472, emarcouiller@shc.edu
ADA Coordinator: Dr. Steven Almquist, 4000 Dauphin Street, (251) 380-4191, salmquist@shc.edu