



**Disability Services**  
**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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

B#: \_\_\_\_\_

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 SOWELA, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): \_\_\_\_\_

2. If you have a formal evaluation, please attach it.

3. Date of Diagnosis: \_\_\_\_\_ Date of Last Contact with Student: \_\_\_\_\_

4. 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, or insufficient instruction):

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

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

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6. Describe the student’s functional limitations in an educational setting:

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7. 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 SOWELA?

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’s Signature: \_\_\_\_\_  
Printed Name & Title: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

SOWELA Technical Community 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: ADA Officer: Christine Collins, 3850 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, (337) 421-6969 or (800) 256-0483, christine.collins@sowela.edu