

# Xavier University of Louisiana

## Office of Disability Services

### Attention Deficit Disorder and Attention Deficit/Hyperactivity Disorder Documentation Request Form

This form must contain ALL the requested information and be typed or printed in order to apply for accommodations through the Office of Disability Services (ODS).

Student's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ XU ID# \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby understand and authorize the appropriate qualified professional to release to Xavier University of Louisiana's Office of Disability Services any pertinent information from my records related to the request below. Accommodations will be considered once all current documentation has been submitted.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

#### TO BE COMPLETED BY AN APPROPRIATE QUALIFIED PROFESSIONAL

This student is requesting service, academic adjustment, and/or other accommodation(s) from the Office of Disability Services due to ADD /ADHD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate services, University Policy requires that an appropriate **Qualified Professional** provide current and comprehensive documentation of ADD/ADHD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional *who is not a family member or family friend 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 ADD/ADHD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the ADD/ADHD for determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to XAVIER UNIVERSITY OF LOUISIANA, Office of Disability Services.

1. Diagnosis (as diagnosed by the DSM-5): \_\_\_\_\_
2. Date of diagnosis: \_\_\_\_\_ Date of last contact with student: \_\_\_\_\_
3. Was a formal evaluation done? \_\_\_ Yes \_\_\_ No Is the evaluation within the last three (3) years? \_\_\_ Yes \_\_\_ No  
If Yes, please attach a copy. If No, ODS need to have a formal evaluation in your file.

**\*NOTE: A current formal evaluation is required with this form.**

4. Provide a summary of the student's **current** educational, medical, and family history that may relate to ADD/ADHD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):

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

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6. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate services, academic adjustments, or other accommodations to equalize the student's educational opportunities at XAVIER UNIVERSITY OF LOUISIANA.

Please check all that apply:

\_\_\_\_\_ extended time (1.5x)      \_\_\_\_\_ no scantron      \_\_\_\_\_ distraction-reduced environment  
\_\_\_\_\_ other \_\_\_\_\_

Qualified Professional's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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.**

Please return this form directly to:

*Xavier University of Louisiana  
Counseling and Wellness Center  
Office of Disability Services  
1 Drexel Drive Box D  
New Orleans, LA 70125  
Phone: (504) 520-7315  
Fax: (504) 520-7943*

