

# Xavier University of Louisiana Office of Disability Services

## Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD) 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 authorize the qualified professional to release to Office of Disability Services any pertinent information from my records related to the request below.*

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

\_\_\_\_\_  
Date

### TO BE COMPLETED BY A 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 a **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 of the student*.

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). **ALL DOCUMENTATION MUST BE UPDATED EVERY THREE (3) YEARS.**

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 listed in the DSM-IV-TR): \_\_\_\_\_
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:

<input type="checkbox"/> extended time (1.5x)	<input type="checkbox"/> distraction-reduced environment
<input type="checkbox"/> alternative test format	<input type="checkbox"/> no scantron
<input type="checkbox"/> other _____	

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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**

