



# Support Services for Academic Success Disability Services

## Documentation Guidelines – ADD / ADHD

The following guidelines are provided for evaluators, physicians, medical professionals, students, and family members to guide the process of submitting documentation to the Disability Services office at Capital Community College. Please provide the information on typed letterhead. Documentation for ADD/ADHD should be comprehensive in nature and current (within three years).

### **Documentation Requirement Checklist:**

In order for the Disability Services office to determine eligibility for academic adjustments for a student, ADD/ADD documentation must include the following information. These requirements have been provided in a clear format to follow when preparing documentation for review.

#### **Presenting Issue:**

- Reason for referral for evaluation
- Information regarding the individual's presenting issues (i.e., ongoing difficulties and behaviors) that impact the individual's ability to function in a post-secondary setting
- Current Medications (if applicable):

#### **Evidence of Existing Impairment:**

- Identification of Attention Deficit Hyperactivity Disorder ADDD/HD (DSM 5), Date when individual was first diagnosed with ADD/HD
- Date(s) of current evaluation
- Discussion of co-occurring conditions, if appropriate
- Rule out of any other mental health conditions

#### **Background History**

- Discussion of pertinent background information including developmental, medical, psychosocial, family, and, academic histories.
- Sources of background information (i.e., parent/spouse/partner interview, review of records, self-report, etc.).
- Discussion of any prior academic adjustments received (whether in high school or post secondary institution).

#### **Evaluation Protocol**

- Screening measures used (if any)
- List of test instruments used (must be aged appropriate; adult norms preferred)
- Clinical intake and findings (including self-report)
- Behavioral observations during evaluation

**Discussion of Psycho-Educational Test Battery (If available)**

- Provide a copy of a comprehensive psycho-educational or neuro-psychological evaluation which includes a complete assessment of intellectual functioning and academic achievement ability

**Current Medications**

- List of current medication(s) including dosages and frequency
- Description of any adverse side effects or functional limitations due to medications
- Indication if evaluation was conducted while on or off medication

**Recommendations**

- Specific recommendations regarding academic adjustments, auxiliary aids and/or services including a rationale for each accommodation based on the individual's identified functional limitations.

**Evaluator Qualifications**

- Name and title, license # (if applicable), address, phone number, fax number, email address, and signature on typed letterhead.

Appropriate professionals include school and/or clinical psychologists, educational therapists, special education teachers, licensed psychiatrists, neurologists, physicians (for medical conditions), and other rehabilitation professionals. Certified/appropriate professionals cannot be family members.

The completed documentation may be given directly to the student to submit or it may be forwarded to the following address:

**Capital Community College Disability Services**

**950 Main Street; Hartford, CT 06103**

**Questions can be directed to: Phone: (806) 906-5204 Fax: (860) 906-5049\***

\*While faxes are accepted, the Disability Services office encourages the submission of original documents whenever possible.