

**Jefferson Community College  
Scanlon Learning and Success Center**

**Documentation Form for ADHD**

This form is intended to assist an evaluator who is documenting ADHD for a JCC student. Please complete all sections on this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning and Success Center for review. Please refer to the attached guidelines for more information in regard to each of the following sections.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Evaluator Information**

Title and practice name: \_\_\_\_\_

Name and credentials: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Diagnosis and Supporting Criteria**

Please state the DSM-IV diagnosis and include any references to testing or clinical data that substantiate the finding. Also, please list any medications and their impact on any major life function. Please fill out chart completely.

**DSM-IV Diagnosis:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Medication Impact:** \_\_\_\_\_

**Requested Accommodation(s)**

Please place a checkmark next to each accommodation(s) that is being requested for this student. Please explain why this accommodation is being recommended. At this point in time, the functional limitation(s) in an academic setting is.....

\_\_\_\_\_ **Extended time to complete exams/quizzes**, please specify \_\_\_\_\_ (e.g. 1.5 times the allotted exam period)  
Explanation for recommendation: \_\_\_\_\_

\_\_\_\_\_ **Exams/quizzes in a separate location**  
Explanation for recommendation: \_\_\_\_\_

\_\_\_\_\_ **Exams/quizzes read orally**  
Explanation for recommendation: \_\_\_\_\_

\_\_\_\_\_ **Books on tape/disc**  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Tape-recorded lectures** (in lieu of paper notes for students with mobility or cognitive impairments)  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Notetakers** (hard copy generally restricted to ADHD and auditory impairment and/or auditory processing disorders)  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Word processor**  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Other accommodations** (please feel free to append pages)  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Testing Instruments**

Please list the instrument used to render diagnosis (for ex.- The Connor's Rating Scale). Also, please list the names of **aptitude tests** administered, all subtest names, and the dates of administration:

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

Verbal IQ Score \_\_\_\_\_ Performance IQ Score \_\_\_\_\_ Full-Scale IQ Score \_\_\_\_\_

Please list the names of all **achievement tests** used, subtests names where applicable, and date of administration:

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

Please list the names of all **information-processing** tests used and dates of administration:

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

Please list the names of all **other tests** used and dates of administration:

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

Please comment on this student's **strengths and weaknesses** as they pertain to the academic setting. This information will aid in the appropriate design and delivery of academic and/or accommodative services (feel free to append an additional page): \_\_\_\_\_

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

\_\_\_\_\_  
Evaluator signature

\_\_\_\_\_  
Date

*If you have questions, please feel free to contact Tanya Hoistion, JCC Disability Specialist, at (315)-786-2335 or [thoistion@sunyjefferson.edu](mailto:thoistion@sunyjefferson.edu).*