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: ______________________________________________________________________
- ___________________________________________  **Fax number:** ________________________
- Telephone 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.

<table>
<thead>
<tr>
<th>DSM-IV Diagnosis:</th>
<th>Description:</th>
<th>Medication Impact:</th>
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**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: ________________________________

(over)
Books on tape/disc
Examination for recommendation: ________________________________________________
______________________________________________________________________________

Tape-recorded lectures (in lieu of paper notes for students with mobility or cognitive impairments)
Examination for recommendation: ________________________________________________
______________________________________________________________________________

Notetakers (hard copy generally restricted to ADHD and auditory impairment and/or auditory processing disorders)
Examination for recommendation: ________________________________________________
______________________________________________________________________________

Word processor
Examination for recommendation: ________________________________________________
______________________________________________________________________________

Other accommodations (please feel free to append pages)
Examination 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.

(last revised 1/2010)