



Office of Student Affairs
Attention Deficit/Hyperactivity Disorder (AD/HD) Documentation
Request Form

This form must contain **all** of the requested information and be typed or printed in order for student's to apply for accommodations through the Office of Student Affairs.

Student's Name: _____

Address: _____

City and State: _____

Phone Number: _____

Date of Birth: _____ Student Identification Number: _____

This student is requesting academic accommodations from Franciscan Missionaries of Our Lady University, Student Affairs, due to a Learning Disability. Current and comprehensive documentation of the disability from a **Qualified Professional** is required. A qualified professional includes all appropriately licensed professionals.

1. Diagnosis (as diagnosed by the DSM-5) _____

2. Level of Severity: Mild Moderate Severe

3. Date of Diagnosis: _____

4. Current Medications:

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

6. Describe the student's functional limitations in an educational setting:
7. Describe the symptoms which meet criteria for DSM-5 diagnosis with the appropriate date of onset:
8. Please rank the following symptoms between 1 and 4, with 1 being least severe and 4 being most severe by checking the appropriate box.

Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.	1	2	3	4
Often has difficulty sustaining attention in tasks or activities.	1	2	3	4
Often does not seem to listen when spoken to directly.	1	2	3	4
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).	1	2	3	4
Often has difficulty organizing tasks and activities.	1	2	3	4
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).	1	2	3	4
Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, or tools).	1	2	3	4
Is often easily distracted by extraneous stimuli.	1	2	3	4
Is often forgetful in daily activities.	1	2	3	4
Often fidgets with hands or feet or squirms in seat.	1	2	3	4
Often leaves seat in classroom or in other situations in which remaining seated is expected.	1	2	3	4

Often runs about or climbs excessively in situations in which it is often inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).	1	2	3	4
Often has difficulty playing or engaging in leisure activities quietly.	1	2	3	4
Is often "on the go" or often acts as if "driven by a motor."	1	2	3	4
Often talks excessively.	1	2	3	4
Often blurts out answers before questions have been completed.	1	2	3	4
Often has difficulty waiting their turn.	1	2	3	4
Often interrupts or intrudes on others (e.g., butts into conversations)	1	2	3	4

9. Please indicate the **Recommendations** you have, regarding reasonable academic accommodations or services to ensure free and equal access to the educational opportunities at Franciscan Missionaries of Our Lady University.

- Extended time (1.5X)
- Distraction reduced environment
- Other

Qualified Professional's Signature:	
Printed Name of Diagnosing Professional:	
Printed Title of Diagnosing Professional:	
Address:	
Daytime Telephone Number:	

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. **ALL DOCUMENTATION IS CONFIDENTIAL!**

RETURN THIS FORM TO:
ATTN: Associate Dean, Student Affairs
Franciscan Missionaries of Our Lady University
5414 Brittany Drive
Baton Rouge, LA 70808
Phone: 225-490-1620
Fax: 225-765-9282