



Academic Resource Hub • Accessibility Services

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • hub.lafayette.edu

Attention-Deficit/Hyperactivity Disorder Disability Accommodation Form

To be completed by a treatment provider. This form is offered as a guide and convenience. Accessibility Services will review all formats of documentation submitted. All of the information requested on this form is necessary for the institution to have in order to consider the request for accommodations.

The information on this form should reflect the most current and available information. It should:

- **Be completed by a qualified professional**
- **Be completed as clearly and thoroughly as possible**
- **Be supplemented with reports or additional testing, if applicable. Reports may include psycho-educational or neuropsychological reports.**

Submit information electronically to: resourcehub@lafayette.edu

Provider Information

Provider Name:

Provider Signature:

License or Certification Number:

Address:

Phone:

Today's Date:

Student Information

Student Name:

Student Date of Birth:

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Accommodations are available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”

1. Based on this definition, does the individual have a disability?

☐Yes

☐No

2. Date of original diagnosis:

3. Date of most recent evaluation:

4. Is this student under your care?

☐Yes

☐No

5. Please indicate disability and rate the level of impact you believe the student experiences in the college environment.

☐ ADHD Predominantly Inattentive

☐ ADHD Predominantly Hyperactive – Impulsive

☐ ADHD Combined Presentation

☐ ADHD Unspecified Presentation

Severity: ☐No impact

☐Mild

☐ Moderate

☐Severe

6. How did you arrive at the diagnosis(es)?

Clinical Interview	<input type="checkbox"/> structured <input type="checkbox"/> unstructured
Psychoeducational Testing	dates of testing:
Neuropsychological Testing	dates of testing:
Other	please specify:

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Please rate the level of impact you believe the student experiences in the college environment.

0 = No impact

1 = Mild

2 = Moderate

3 = Severe

	sitting
	working
	reading
	writing
	spelling
	quantitative reasoning
	math calculations

	interacting with others
	sleeping
	processing speed
	memorizing
	concentrating
	listening
	other:

Please check all that apply to this student.

Inattention:

- ☐ often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- ☐ often has difficulty sustaining attention in tasks or leisure activities
- ☐ often does not seem to listen when spoken to directly
- ☐ often does not follow through on instructions and details to finish schoolwork, chores or assignments in the workplace
- ☐ often has difficulty organizing tasks and activities
- ☐ often avoids, dislikes or is reluctant to engage in tasks (such as schoolwork/homework) that requires sustained mental effort
- ☐ often loses things necessary for tasks and activities (assignments, books, pencil, etc.)
- ☐ is easily distracted by extraneous stimuli
- ☐ often forgetful in daily activities

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Hyperactivity:

- ☐ often fidgets with hands or feet or squirms in seat
- ☐ often leaves (or often feels the need to leave) seat in classroom or in situations which remaining seated is expected
- ☐ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- ☐ often has difficulty playing or engaging in leisure activities that are more sedate
- ☐ is often “on the go” or often acts as if “driven by motor”
- ☐ often talks excessively

Impulsivity:

- ☐ often blurts out answers before questions have been completed
- ☐ often has difficulty waiting turn
- ☐ often interrupts or intrudes on others

Please state any recommendations for accommodations with rationale. The rationale should provide information on the functional impact of the condition in the environment. Please be sure to connect the diagnosis(es) to the functional impact.

Academic Accommodations

- ☐ Recommended (specify below)
- ☐ Not applicable

Recommended Accommodation	Rationale

Housing Accommodations

- ☐ Recommended (specify below)
- ☐ Not applicable

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Recommended Accommodation	Rationale

Dining Accommodations

- ☐ Recommended (specify below)
- ☐ Not applicable

Recommended Accommodation	Rationale

Are there other ways the student might be impacted? If so, how?

Discuss any side effects related to treatment or medications that may be relevant to identifying accommodations.

Please provide any additional information you feel is pertinent or may be of use in the accommodation process.

**Submit completed information either directly to the student or to Lafayette College.
Lafayette College, Accessibility Services | 300 Scott Hall | Easton, PA 18042
resourcehub@lafayette.edu | Phone: 610-330-5098 | Fax: 610-330-3065**