

### Documentation Guidelines for Attention Hyperactivity Deficit Disorder

Documentation should state a diagnosis and the functional limitations of the disability within an educational setting. Typically, it should be printed or typed on official letterhead or on the following SDS documentation form. **Documentation should be completed and signed by an evaluator qualified to make the diagnosis and with whom the student has a personal medical relationship.** Documentation from family members, even if qualified professionals, cannot be accepted.

The following is a guideline for submitting documentation to establish eligibility for accommodations and support services through SDS. Other forms of documentation are often accepted. Students who currently hold documentation are encouraged to contact SDS for a brief discussion as to whether or not additional documentation is needed.

Please answer the following questions relative to this student's diagnosis of Attention Deficit Disorder.

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Diagnosis (DSM5-TR or ICD code):

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

Level of severity (circle one):    Mild                      Moderate                      Severe

Date of initial diagnosis \_\_\_\_\_ Date of last contact with student \_\_\_\_\_

How often do you meet with this student? \_\_\_\_\_

2. Please indicate the assessment procedures and evaluation instruments used to make the diagnosis. Include test scores.

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

3. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits one or more major life activities, including academic performance.** Does this condition substantially limit the student's ability to function on campus? **Please note- if you select no, the student is not able to receive any accommodation, academic or otherwise.**

Yes     No

If yes, please describe the functional limitations the student experiences as a result of their disability and recommendations you might wish to suggest:

Functional Limitations/Behavior:

Recommendations:

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

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

3. Was medication prescribed? \_\_\_\_\_

Amount and frequency of administration: \_\_\_\_\_

Frequency of monitoring: \_\_\_\_\_

Response to medication: \_\_\_\_\_

4. Please provide any additional information relevant to the student's level of functioning within the university setting. This could include co-morbid diagnoses. If a co-morbid diagnosis substantially limits one or more major life activities, additional documentation may be needed.

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

Licensed Professional's Signature: \_\_\_\_\_

Professional's Name (Printed): \_\_\_\_\_

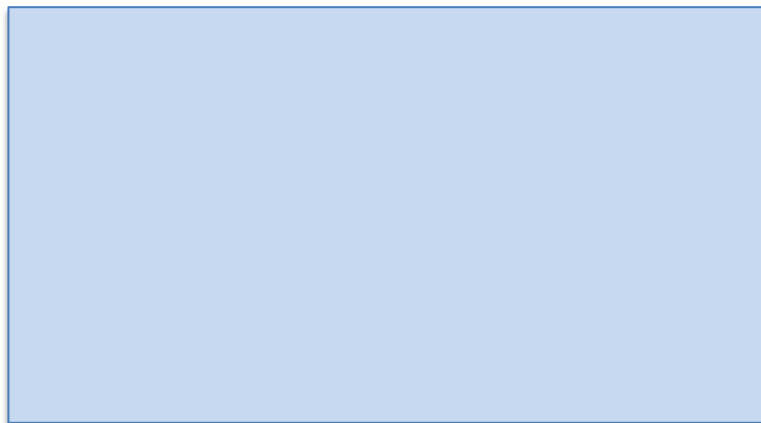
Professional's Address: \_\_\_\_\_

Professional's Phone: \_\_\_\_\_

License # \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach your business card in the space below (either scanned or physical).**



Return this information marked confidential to:

Student Disability Services, Jordan Hall 136

Butler University

Indianapolis, IN 46208

Email: [sds@butler.edu](mailto:sds@butler.edu) (email account that can be accessed only by SDS staff members)

Fax: 317-940-9036 (located directly within the SDS office suite)

***Available in alternative format upon request.***