

Date	
Name of Student/Patient	

Dear Healthcare Provider,

The above named student is requesting academic accommodations on the basis of Attention-Deficit/Hyperactivity Disorder (AD/HD). In order to accommodate the student's request, we require documentation from you. You may write a letter, simply complete this form, or both.

A diagnostic statement of the student's disability.		
State the student's current symptoms that meet the criteria for the diagnosis.		
What is the current severity of the condition?		
Date of last contact with the student and frequency of your appointments.		
How did you diagnose AD/HD? Check all methods that are relevant	Structured or unstructured interviews	
	Interviews with other people (parents, teachers, etc.)	
	Behavioral observations	
	Psychoeducational testing (please provide your report)	
	Neuropsychological testing (please provide your report)	
	Developmental history	
	Other (please specify)	
Specific accommodations you recommend for the student, <i>along with a rationale</i> for why these accommodations are warranted based on the student's functional limitations		
Your Name, Credentials, LICENSE NUMBER, and Signature		