LSUE | Office of Disability Services

PO Box 1129 • Eunice, LA 70535
Science Building Room 145
337-550-1204 • Fax 337-550-1268
www.lsue.edu/studentaffairs • ods@lsue.edu

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) DOCUMENTATION REQUEST FORM

(TO BE COMPLETED BY QUALIFIED PROFESSIONAL)

When completing this form, please PRINT or TYPE and COMPLETE ALL FIELDS. Incomplete forms will not be accepted.

****** If you have a formal evaluation, please attach the documentation.******

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation of the disability. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified medical or mental health professional **who is not a family member of the student**. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S EVALUATION MUST BE WITHIN THREE (3) YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FOR DISABILITY ACCOMMODATIONS.**

Student's Name: ________________________________ **LSUE ID Number:** _________________

Date of Birth: ____

Mailing Address ____________________________________ **City & Zip Code** _______________

Phone Number: ____

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

2. Date of Diagnosis: __________________ **Date of Last Contact with Student:** ______________________

3. For the purpose of determining academic adjustments, describe the severity and longevity of the substantial limitations due of AD/HD.

4. **List current medication, along with any current side effects that may impact academic performance:**

5. **Describe the student's functional limitations in an educational setting** *(i.e., current and/or anticipated problems associated with the condition)***:**

6. **Please indicate the RECOMMENDATIONS you have regarding reasonable and appropriate auxiliary aids or services, academic adjustments or other accommodations to ensure equity for the student's academic success based on the functional limitations indicated above.**

Please check all that apply: ___ *Extended Time (1.5X)* ___ *Distraction Reduced Environment* ___ *Audio Recorded Lectures*

Please note: If any other accommodations are being requested, additional documentation WILL BE REQUIRED.

Qualified Professional's Signature: ____

Printed Name & Title: ____

Office Telephone Number: ____

Address ____ **City & Zip** ____________________

Date: ____

Submit this form and all necessary documentation via scan/email, fax, mail, or in person to:

Office of Disability Services
Louisiana State University Eunice
PO BOX 1129 • Eunice, LA 70535 • Science Building Room 145
Phone: 337-550-1204 • Fax: 337-550-1268

Email: ods@lsue.edu

Office of
Disability Services

REQUEST FOR ACCOMMODATIONS

(TO BE COMPLETED BY STUDENT)

Student's Name: ____

Date of Birth: _______________________________________ **LSUE ID Number:** ______________________

Mailing Address ____

City & Zip Code ____

Phone Number: ____

I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment: (Check all that apply)

___ *Attention Deficit/Hyperactivity Disorder* ___ *Learning Disability*
___ *Psychological Disability* ___ *Deaf & Hard of Hearing*
___ *Physical or Systemic (Medical) Disability (specify):* ____

In the space below, list and explain the reason for each of the accommodations you are requesting. *What accommodations, if any, have you received in the past (i.e. during high school etc.)* **Please be as specific as possible.**

Signature of Student: ____________________________________ **Date:** _____________________________

NOTE: The Office of Disability Services does not provide copies of any documentation. ODS strongly recommends maintaining copies of any submitted documentation for your personal records.