Durham Technical Community College Disability Services Office

1637 Lawson Street / Durham, North Carolina 27703 919-536-7208 disabilityservices@durhamtech.edu

**ADHD/ADD Documentation Guidelines**

Durham Technical Community College provides reasonable accommodations for students with the documented disability of ADD/ADHD. Post-secondary students no longer have IEPs because the Individuals with Disabilities Education Act (IDEA) does not exist at the college level; however, an IEP may be included as part of a more comprehensive report. Durham Tech students are governed under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, specifically subpart E.

Durham Tech Disability Services Office will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the individual. *Students with disabilities are expected to satisfy the academic standards required by the college and perform essential course functions without substantially altering the curriculum requirements.*

***Student: Complete this release form and return to the Durham Tech Disability Services Office. Be sure to complete the personal impact statement on the back of this sheet.***

Student Name Date of Birth

Student ID Number Phone

Address

Signature Date \_

# Required Documentation

## Must be current (within the past five years)

Submit one of the following:

1. A current (within five years) neuropsychological, psychological, or ADHD testing report specifying a diagnosis of ADHD, signed and dated by the examiner.

## OR

1. Responses to the following questions completed by a medical or psychological examiner and typed on letterhead. **Do not submit handwritten documentation. The documentation must include:**
	1. Diagnostic code (DSM-IV, IV-R, V), date of diagnosis, and date of last visit.
	2. Severity of condition: mild, moderate or severe. **Please provide examples.**
	3. How did you arrive at your diagnosis? Possible responses include: structured or unstructured interviews with the student or other persons, behavioral observations, developmental/medical history, educational history, or rating scales.
	4. What medication(s) does the student take for ADHD? Do symptoms persist even with medication?
	5. Describe in detail the present impact of ADHD in two or more major areas of the student’s life.

**Accommodations will be determined based on this information.**

* 1. List ADHD symptoms that were present before the age of 7.
	2. Please list and explain other medical conditions or psychiatric diagnoses that may affect the academic performance of this student.

Evaluator’s Name (please print)

Licensure/Certification Date

# Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with a disability services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name \_ Date

Email Telephone

Program of Study \_ Student ID Number

Describe in as much detail as possible the diagnosed condition that is currently impacting and substantially limiting your ability to learn.

Documented disability:

Describe in as much detail as possible how the diagnosed condition has impacted and substantially limited your ability to learn in the recent past.

Current impact: \_

Describe the accommodations or services that you think you will need to be successful at Durham Tech. Accommodations/Services: \_