Ocean County College
Office of Disability Services
Building 3, Library Room 016
Phone: 732.255.0456
Email: accommodations@ocean.edu

Documentation Form

Attention Deficit/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

This form is to be completed in its entirety by a qualified professional such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained medical doctor.

Student's Name:_____ **OCC ID:**_____

The student named above is applying for disability accommodations and / or services through the Office of Disability Services ("Disability Services") at Ocean County College (OCC). To determine eligibility, a qualified professional must certify that the student has been diagnosed with ADD/ADHD and provided evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of ADD/ADHD in itself does not substantiate a disability. In other words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to traditional diagnostic reports. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the Disability Services website (go.ocean.edu/DS) in order to view documentation guidelines. Disability Services expects the following regarding this documentation form:

- The form will be completed with as much detail as possible as partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of ADD/ADHD was derived through multiple assessment instruments that included formal measures.
- The assessment information is not more than three years old.
- The form is being completed by a professional qualified by having had comprehensive training and direct experience in the differential diagnosis of ADD/ADHD such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained medical doctor.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

Please respond to the following items regarding the student named above (type or print):

Date student was first diagnosed:_____

Date of first contact with student:_____ **Date of last contact with student:**_____

Frequency of appointments with student (e.g., once a week, twice a month):_____

How was the diagnosis of ADD/ADHD arrived at?_____

_____

_____

_____

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What is the severity of the condition or symptom (check one): ☐Mild ☐Moderate ☐Severe

Explain the severity indicated above:_____

Provide specific information about the academic limitations and severity of symptoms this student encounters as a result of ADD/ADHD by placing an "X" in the appropriate box.

Activity	No Limitation	Moderate Limitation	Substantial Limitation	Don't Know
Attention to detail / accuracy of work				
Sustaining attention				
Listening comprehension				
Completing tasks independently				
Sustained mental effort				
Organization				
Distractibility				
Memory				
Restlessness				
Impulsiveness				
Time management				
Mathematics				
Reading				
Writing				
Other (please specify)				

What symptoms impact the student the most? In which settings is the student impacted the most?

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Pharmacological History:

Is the student currently taking medication for ADD/ADHD (check one)? ☐ Yes ☐ No

Provide pertinent pharmacological history for ADD/ADHD. List the student's current medication(s), dosage, frequency, and adverse side effects:_____

☐ Not applicable, student is not taking medication for the above-mentioned condition(s).

Are there significant functional limitations to the student's functioning directly related to the prescribed medications (check one)? ☐ Yes ☐ No ☐ Not applicable

If yes, explain:_____

Provide an explanation of the extent to which the medication <u>currently mitigates</u> the symptoms of the disorder:_____

If current treatments (e.g., medications, counseling) are successful, state the reasons the above academic adjustments and/or accommodations, auxiliary aids, and/or services are necessary:_____

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State the student's functional limitations from the disorder specifically in a postsecondary classroom or educational setting:_____

State recommendations regarding academic adjustments or accommodations, aids, and/or services for this student in a postsecondary environment and the reason these accommodations are warranted based upon the student's functional limitations:_____

Does the student have a disability* as a result of their condition that warrants accommodations (check one)? ☐ Yes ☐ No

Provide any additional information concerning how the student's symptoms impact performance in an academic setting:_____

In the event of an on-campus emergency requiring evacuation (e.g. fire drill, bomb threat), will this student need assistance (check one): ☐ Yes ☐ No

If Yes, please explain:_____

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Certifying Professional

All areas below must be completed by the certifying professional such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained medical doctor.

Name and Title:_____

License or Certification #:_____

Company/Office/Institution/Affiliation Name:_____

Address:_____

City, State, Zip:_____

Phone #:_____ Fax #:_____

Email Address:_____

Signature of
Certifying Professional:_____ Date:_____

Official Company/Office/Institution/Affiliation Stamp (stamp below)

Documentation Retention

All submitted materials will be held with OCC Disability Services as confidential educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.

Methods of return to OCC Disability Services:

- Print, scan and upload via the secure student Accommodate portal (online)
- Print, scan and upload to general office portal go.ocean.edu/upload
- Print and fax to 732-864-3860
- Print and scan to accommodations@ocean.edu