Xavier University of Louisiana
Office of Disability Services

Attention Deficit Disorder and Attention Deficit/Hyperactivity Disorder
Documentation Request Form

This form must contain ALL the requested information and be typed or printed in order to apply for accommodations through the Office of Disability Services (ODS).

Student’s Name: _______________________________ Today’s Date __________________________

Date of Birth: ___________________ Phone #: ___________________ XU ID#: ___________________

Address: ____________________________ City: __________________ State: _______ Zip: _______

I hereby understand and authorize the appropriate qualified professional to release to Xavier University of Louisiana’s Office of Disability Services any pertinent information from my records related to the request below. Accommodations will be considered once all current documentation has been submitted.

__________________________________________                    ______________________________________
Signature of Student  Date

TO BE COMPLETED BY AN APPROPRIATE QUALIFIED PROFESSIONAL

This student is requesting service, academic adjustment, and/or other accommodation(s) from the Office of Disability Services due to ADD/ADHD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate services, University Policy requires that an appropriate Qualified Professional provide current and comprehensive documentation of ADD/ADHD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional who is not a family member or family friend of the student. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL’S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses the ADD/ADHD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the ADD/ADHD for determining academic adjustment(s) or other accommodation(s).
To facilitate the gathering of such critical information, please respond to the following and return to XAVIER UNIVERSITY OF LOUISIANA, Office of Disability Services.

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

2. Date of diagnosis: ___________________ Date of last contact with student: ___________________

3. Was a formal evaluation done? ___ Yes ___ No  Is the evaluation within the last three (3) years? ___Yes ___ No
   If Yes, please attach a copy.  If No, ODS need to have a formal evaluation in your file.

*NOTE: A current formal evaluation is required with this form.*
4. Provide a summary of the student’s current educational, medical, and family history that may relate to ADD/ADHD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

5. Describe the student’s current functional limitations in an educational setting:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate services, academic adjustments, or other accommodations to equalize the student’s educational opportunities at XAVIER UNIVERSITY OF LOUISIANA.

Please check all that apply:

_____ extended time (1.5x)  _____ no scantron  _____ distraction-reduced environment

_____ other

Qualified Professional’s Signature: ________________________________ Date _________________

Printed Name & Title: ______________________________________________

Daytime Telephone Number: ________________________________

Address: __________________________________ City ________________ State ________ Zip ________

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Please return this form directly to:

Xavier University of Louisiana
Counseling and Wellness Center
Office of Disability Services
1 Drexel Drive  Box D
New Orleans, LA  70125
Phone: (504) 520-7315
Fax: (504) 520-7943

A Business Card
Must Be Attached Here