OFFICE OF ACCESSIBILITY AND DISABILITY SUPPORT
OADS
NORTHWESTERN STATE UNIVERSITY

TO BE COMPLETED BY EVALUATOR

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) PSYCHOLGOICAL DISABILITY, AND LEARNING DISABILITY DOCUMENTATION REQUEST FORM

Student's Name: _____

Phone Number: _____ Date of Birth: _____

When did/will you start attending NSU? Semester_____ Year: _____

NSU I.D. Number: _____ NSU Email: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Accessibility and Disability Support (OADS). 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 diagnosis. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional ***who is not a family member of the student.*** The OADS may request additional support documentation.

****This form must contain ALL of the requested information below in order to apply for accommodations through OADS. ******

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

2. If you have a formal evaluation, please attach it.

3. Date of Diagnosis: _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that may relate to ADHD (must demonstrate that difficulties are not the result of other conditions, cultural differences, or insufficient instruction):

_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____

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_____

_____

_____

_____

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

_____

_____

_____

_____

7. Please indicate below the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at NSU as justified based on the functional limitations indicated above.

_____

_____

_____

_____

Qualified Professional's Signature: _____

Printed Name & Title: _____

License or Certification Number: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Accessibility and Disability Support
Northwestern State University
NSU Box 5251
Natchitoches, LA 71497
Phone: 318-357-4460
Fax: 318-357-5926
Email: OADS@nsula.edu

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CONSENT TO RELEASE

I, _____***(student/incoming student),*** understand that the information contained in my record is confidential. However, I give my consent for

Office of Accessibility and Disability Support

to release to _____***(parent, guardian, other)***

the following specific information: **DISABILITY AND ACADEMIC**

The above-listed information is to be disclosed for the specific purpose of

ACCOMMODATIONS and UNIVERSITY SUPPORTS.

This consent is subject to written revocation OR cancellation signature at any time except to the extent that action has already been taken upon this consent. All releases are done on roughly an annual basis regardless of any date changes to the form with all releases expiring at the end of the upcoming academic year.

_____

Signature of Student/Client

_____

NSU ID#

_____

Date