

BARD COLLEGE AT  
SIMON'S ROCK  
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THE EARLY COLLEGE

**Documentation of Attention-Deficit/Hyperactivity Disorder (AD/HD)**

At Bard College at Simon's Rock students who request accommodations for a disability may need to submit documentation to verify eligibility under Section 504 of the Federal Rehabilitation Act of 1973 and Title 111 of the Americans with Disabilities Act of 1990 (ADA) as amended. This form is provided in the interest of assuring that evaluation reports are appropriate for documenting eligibility for students who seek accommodations and/or services on the basis of Attention-Deficit/Hyperactivity Disorder (AD/HD). Because the provision of reasonable accommodations is based upon assessment of the current functional limitations of the person's disability, it is in the best interest of that person to provide a recent evaluation. Comprehensive documentation of the student's disorder must be from a qualified evaluator. The following professionals generally would be considered qualified to evaluate and diagnose AD/HD: licensed psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. It is not appropriate for professionals to evaluate members of their own families.

Specific information concerning the student's condition and its impact on learning must be provided. **Please fill out the form completely.** Any questions should be directed to Jean Altshuler, Director of Accessibility and Academic Support at Bard College at Simon's Rock at 413.528.7383 or [jaltshuler@simons-rock.edu](mailto:jaltshuler@simons-rock.edu)

**STUDENT'S NAME:** \_\_\_\_\_

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

1. What is the student's DSM IV-TR diagnosis? \_\_\_\_\_

a. State the student's current symptoms that meet the criteria for this diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. State the age of onset of symptoms described by DSM IV-TR. \_\_\_\_\_

c. What is the severity of the condition? \_\_\_\_\_

d. State the frequency of your appointments and the date of your last contact with this student.

\_\_\_\_\_

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. List and describe the measures used to support the student's diagnosis. Neuropsychological or psychoeducational assessment is important in determining the **current** impact of the disorder on the individual's ability to function in academically related settings. (Please attach report if available.)

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4. Describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity.

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5. List the student's current medication(s), dosage, frequency, and adverse side effects.

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a. Are there significant limitations to the student's functioning directly related to the prescribed medications? YES \_\_\_\_\_ NO \_\_\_\_\_

b. If YES, please describe. \_\_\_\_\_

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6. Please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional limitations.

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8. If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

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**Certifying Qualified Evaluator (Cannot be a relative of student):**

License #: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL DOCUMENTATION WILL BE HELD IN THE STRICTEST CONFIDENCE**

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Guidelines based on AHEAD [www.ahead.org](http://www.ahead.org) (Association of Higher Education and Disability)

Guidelines adapted from text created by Polly Waldman