

Durham Technical Community College
Accessibility Services Office
1637 Lawson Street / Durham, North Carolina 27703
919-536-7208 accessibilityservices@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 Accessibility 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 Accessibility Services Office. Be sure to complete the personal impact statement on the back of this sheet.

Stu	ıder	lent name:	Date of birth: Phone:	
Stu	ıder	lent ID number:		
Ad	dres	ress:		
Sig	gnati	nature:	Date:	
		QUIRED DOCUMENTATION — Must be cur	rent (within the past five years)	
	A current (within five years) neuropsychological, psychological, or ADHD testing report specifying a diagnosis of ADHD, signed and dated by the examiner. OR			
b)				
	1.	1. Diagnostic code (DSM-IV, IV-R, V), date of	diagnosis, and date of last visit.	
	2.	2. Severity of condition: mild, moderate or sev	ere. Please provide examples.	
	3.		sible responses include: structured or unstructured s, behavioral observations, developmental/medical s.	
	4.	4. What medication(s) does the student take f	or ADHD? Do symptoms persist even with medication?	
	5.	 Describe in detail the present impact of AD Accommodations will be determined base 	HD in two or more major areas of the student's life. sed on this information.	
	6.	6. List ADHD symptoms that were present be	ore the age of 7.	
	7.	 Please list and explain other medical condit academic performance of this student. 	ions or psychiatric diagnoses that may affect the	
Ev	alua	uator's name (please print):		
Lic	ens	nsure/Certification:	Date:	

Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility 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:	
Program of study:	Student ID number:
substantially limiting your ability to learn	
Documented disability:	
Describe in as much detail as possible himited your ability to learn in the recent	now the diagnosed condition has impacted and substantially past.
Current impact:	
Describe the accommodations or services	s that you think you will need to be successful at Durham Tech.
Accommodations/Services:	