



Student Accessibility Services MILWAUKEE SCHOOL OF ENGINEERING

1025 N. Broadway St., Milwaukee, WI 53202
Tel: (414) 277-7281 Fax: (414) 277-7498

CERTIFICATION OF ADD/ ADHD

Milwaukee School of Engineering, through Student Accessibility Services, provides services to students with diagnosed disabilities, chronic medical conditions, and mental health conditions in accordance with the Americans with Disabilities Act (ADA), and Sections 504 of the Rehabilitation Act of 1973. To determine eligibility for services, this office requires current and comprehensive documentation of the disability or medical/ health condition including the functional impact of the disability from the diagnosing physician or other appropriate professional. The student, named below, is requesting services from our office at this time.

In order to help us service this student in the best possible manner, please complete the following form and return it to Student Accessibility Services. The information that you provide will not become part of the student's educational records and will be kept in the student's confidential file at Student Accessibility Services. **In addition to the requested information, please attach any additional information, for example, your assessment report and any test results.** Services will not be available to this student until this form has been received. If you have any questions, please do not hesitate to contact our Coordinator of Student Accessibility Services, Angela Moureau at 414-277-2781. Thank you.

1. Name of student: _____ Today's Date: _____

2. Date of last contact with student: _____

3. DSM/ ICD Diagnosis

Attention- Deficit/ Hyperactivity Disorder

- 314.01 (F90.2) Combined Presentation
- 314.01 (F90.1) Predominantly Hyperactive/Impulsive Presentation
- 314.00 (F90.0) Predominantly Inattentive Presentation
- 314.01 (F90.8) Other Specified Attention- Deficit/Hyperactivity Disorder
- 314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Please list any comorbid disorders, disabilities, or conditions that contribute to the student's functional abilities

4. Please indicate medications for the above diagnosis that have been prescribed for this student.

Medication(s)/dosage:

Date first prescribed:

5. What methods or testing instruments did you use to arrive at your diagnosis? Please check all relevant items, **adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.**

- | | |
|--|---|
| <input type="checkbox"/> Clinical interviews with the individual | <input type="checkbox"/> Neuro-psychological/psycho-educational testing date(s) of testing? _____ |
| <input type="checkbox"/> Interviews with other individuals | <input type="checkbox"/> Standardized or non-standardized rating scales |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medical history | |

6. Do you recommend additional assessment for:
- | | | |
|-----------------------|--------------------------|--------------------------|
| | Yes | No |
| Psychological Testing | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning Disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, Specify: _____

7.. Please assess the degree of functional impairment due to the aforementioned diagnosis demonstrated by your patient:

	1 = Negligible	2=Moderate	3=Substantial	4=Severe	UN=Unknown
1) Time management	1	2	3	4	UN
2) Organizational Skills (physical and or cognitive)	1	2	3	4	UN
3) Task Persistence	1	2	3	4	UN
4) Memory Skills	1	2	3	4	UN
5) Reading (fluency, comprehension)	1	2	3	4	UN
6) Written expression	1	2	3	4	UN
7) Test Taking	1	2	3	4	UN
8) Concentration	1	2	3	4	UN
9) Self-esteem/social skills	1	2	3	4	UN
10) Other	1	2	3	4	UN

8. Please describe the functional limitations this student encounters:

9. Please indicate which accommodations, if any, may be beneficial to the student.

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Distraction-free testing environment | <input type="checkbox"/> | Alternate textbooks |
| <input type="checkbox"/> | Extended time on tests- Length: _____ | <input type="checkbox"/> | Reduced credit load |
| <input type="checkbox"/> | Notetaking support | <input type="checkbox"/> | Other _____ |

10. Is there anything else you would like us to know about this student (please attach additional pages as necessary)?

Signature of Professional

Date

Professional's name (printed) and Title

License No.

Address

Telephone No.

E-mail Address

Fax No.