



# SEWARD COUNTY COMMUNITY COLLEGE

1801 N. Kansas Ave., P.O. Box 1137, Liberal, KS 67905-1137 ☎ 620-624-1951 or 1-800-373-9951

## ADHD AND PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDELINES TO BE FILLED OUT BY LICENSED PROFESSIONAL

STUDENT: \_\_\_\_\_

*Please use additional paper if needed.*

1. DSM-IV diagnosis: \_\_\_\_\_

2. Date diagnosis was determined: \_\_\_\_\_

3. Instruments/procedures used to make diagnosis: \_\_\_\_\_

4. Severity of disability: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

5. Date of last contact with student: \_\_\_\_\_

6. If student is taking disability-related prescribed medication, please list:

\_\_\_\_\_

7. Description of student's disability-related functional limitations and how they might impact on this student's academic activities i.e. reading, notetaking, concentration, interactions with instructors and students, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print name and title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_