



7. Identify instruments and procedures used to assess/diagnose the ADD/ADHD:  
(Attach copy of report)

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8. List current medication, dosage and frequency:

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9. Identify how the medication might adversely impact the student in an academic setting:

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10. What accommodations do you recommend to support this student in an academic setting (i.e., extended test time, low distraction environment, etc.)?

(Functional Limitation)

(Reasonable Accommodation)

(Functional Limitation)

(Reasonable Accommodation)

11. Secondary Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

*If accommodations for a secondary diagnosis are sought, additional documentation will be needed*

12. Please identify any additional information that would be helpful in providing support to the student: \_\_\_\_\_

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\*\*\*DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING PROFESSIONAL WILL NOT BE ACCEPTED\*\*\*

13. Printed Name and Credentials of Treating Professional: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your business card and submit the accompanying report to:

Office of Disability Services  
**University of North Carolina at Charlotte**  
9201 University City Boulevard, Fretwell 230 Charlotte, NC 28223-0001

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