



**Guidelines for Documentation  
Attention-Deficit/Hyperactivity Disorder (ADHD),  
or other Psychiatric Disorder**

The Disability Services Office of Brigham Young University Idaho needs documentation of your disability. Request for accommodations or auxiliary aids need to be evaluated to determine eligibility for services. Evaluation by an appropriate professional can provide evidence of the current disability and its impact on you and how it relates to the accommodation(s) requested. This documentation will provide evidence that meets the criteria for a diagnosis of ADHD or other psychiatric disabilities.

Below is a form developed to assist you in working with your treating/diagnosing professional(s) to prepare the information needed to evaluate your request(s). If you have any questions after reading these guidelines, please feel free to call the office at: (208) 496-9210.

**You may fax to our secure fax line: (208) 496-5210 or bring the information in with you or mail to our address at:**

**Brigham Young University-Idaho  
Disability Services Office  
McKay Library 156 & 158  
Rexburg, ID 83460-0425**

This form should be completed by a professional whose specialty area is consistent with the diagnosis.

Print Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID \_\_\_\_\_ Birth Date \_\_\_\_\_

**The following to be completed by the diagnostic professional.**

1. When was your last contact with the student? \_\_\_\_\_

2. What was the diagnosis? \_\_\_\_\_

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

3. What was the date of diagnosis? \_\_\_\_\_ and the diagnostic criteria used:  
(e.g. DSM-5 or ICD)?

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4. Describe the significant factors experienced by this individual in an education setting.

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5. What treatments and/or medication is recommended? If the student is currently medicated, indicate the adverse side effects, and the effectiveness of the medication.

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6. Describe the developmental, educational and medical evidence used in making your diagnosis. To assist us determining the needed accommodations and services, please include information that can be used to determine the range and impact of the condition. List the instruments and procedures used to diagnose and the ADHD, or other psychiatric condition (i.e. clinical interview, psycho-educational testing, behavioral rating scales, etc.) Include all the test scores and subtest scores as well as reporting the conclusions of these assessments. If available, please include a diagnostic report.

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7. In an educational setting, how does the ADHD, or other psychiatric condition impact this student (functional limitations)?

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8. Are there any indications an additional diagnosis (i.e., anxiety, learning disability, depression, bipolar, etc.) needs to be ruled out? Please describe pertinent characteristics and your rationale to suspect this secondary diagnosis.

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9. What recommendations do you have regarding accommodations/supports for the student in a college setting?

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Additional Comments:

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

Print Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***This form may be sent with the student to return to our office or you may fax or mail it in to us. Our contact information is found at the beginning of this form. Thank you.***