

Disability Support Services

1 Aerospace Blvd.
Daytona Beach, FL 32114
Phone: (386) 226-7916 -- Fax: (386) 226-6071

Guidelines and Release Form

Welcome to the office of Disability Support Services (DSS) at Embry-Riddle Aeronautical University (ERAU). To be eligible for services at the DSS, a student must satisfy the definition of a disability as established by the Americans with Disabilities Act of 1973. **Section 504 defines a disability as a condition which substantially limits one or more major life activities such as learning, walking, seeing, hearing, breathing, caring for oneself, and working.** *To be eligible for accommodations, a student must provide appropriate documentation of each disability that demonstrates an accompanying substantial limitation to one or more major life activities.*

The following guidelines are provided in the interest of assuring that professionals’ statement is appropriate to document eligibility for support services. The student with a disability must provide the office of DSS appropriate written documentation from a licensed professional in the field concerning the specific diagnosis and expected academic limitations.

The documentation must be within the last 3 years. However, the DSS reserves the right to make modifications to this time frame.

I, Print Name, hereby authorize the following information as well as any other pertinent documentation to be forwarded to the office of Disability Support Services at Embry-Riddle Aeronautical University for the purpose of determining my eligibility for academic accommodations.

Student’s Signature:	Date:
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Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

After completing this form, please fax, mail or email it to the office of Disability Support Services at the end of this document. The information you provide will not become a part of the student's educational records but will be kept in the student's file at Disability Support Services where it will be kept confidential. Please contact staff at the office of Disability Support Services if you have questions or concerns. Thank you for your assistance.

The diagnostician must address all the following six criteria in diagnosing AD/HD:

1. Evidence that anxiety disorders, disorders of depression, mood disorder, schizophrenia, border-line personality disorder, dissociative disorder or substance-related disorders are not the primary disability and are not the primary cause of AD/HD.
2. Standardized assessment measures of attention are utilized in the diagnosis of AD/HD; (i.e., T.O.V.A., Continuous Performance Test, neuropsychological evaluation).
3. Reported history of AD/HD symptoms by the age of seven, corroborated by another independent source.
4. Corroboration of current AD/HD symptoms across multiple settings by one or more adults with knowledge of the client's functioning.
5. Documentation on two rating scales of AD/HD behaviors/symptoms that have appropriate age norms (i.e., rating scales for childhood and adult behavior).
6. Evidence of interference of AD/HD with appropriate academic or social functioning.

Note: we request our forms to be typed or handwritten in script form, to ensure legibility.

Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

Student's Name: _____

Date: _____

1. Statement of DSM V diagnosis (DSM V classification and subtype).

2. Date of diagnosis and date student last seen for treatment or evaluation.

Date of Diagnosis:

Date Last Seen:

3. Procedures and instruments used to make the diagnosis (e.g., clinical interview, behavior rating scales, neuropsychological or psychoeducational testing, names of tests).

4. Past symptom(s):

5. Interpretive summary of evaluation results, including all standardized scores that are available. The information derived from the instruments or procedures used to reach the conclusion that the student meets criteria for ADHD is required. Attach additional information as necessary.

6. Current symptoms that meet the criteria for diagnosis (Note that diagnosis based on DSM IV criteria include six or more symptoms of inattention and/or six or more symptoms of hyperactivity and impulsivity).

7. Information related to co-occurring symptoms or how other diagnoses were ruled out.

8. Currently prescribed medications, and the impact of the medications on the student's ability to meet the demands of the academic program.

9. Ways in which current symptoms of ADHD interfere with academic achievement.

10. Recommendations for academic accommodations to minimize the impact of the disability on the student's academic performance.

11. Ways in which current symptoms of ADHD interfere with living on campus and/or having a meal plan and whether the student be exempt from living on campus and/or having a meal plan? Please answer and explain.

Student Name:	
Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number:	
Contact Information:	

Thank you for your prompt response to this request.

Please return this information to:
Disability Support Services
Building 500
1 Aerospace Blvd.
Daytona Beach, FL 32114
Email: DBDSS@erau.edu
Phone: (386) 266-7916 ---**Fax:** (386) 226-6071