

### Certification of Attention-Deficit/ Hyperactivity Disorder

The Center for Academic Support Services at Antioch College offers programs and related services that provide equal access to the university's educational opportunities for students with disabilities. As a post-secondary institution, Antioch College follows the Association on Higher Education and Disability (AHEAD) standards for documenting disabilities.

Students requesting accommodations on the basis of Attention-Deficit/Hyperactivity Disorder (ADD/ADHD) must provide current and comprehensive documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of mental disorders (i.e., licensed clinical psychologist, neuropsychologist, psychiatrist, or other relevantly trained specialist). **Please note that the Center for Academic Support Services will not accept documentation provided by a member of the student's family.**

Licensed professionals may submit a letter in place of this form if it fulfills all required information listed on this form. Letters must be submitted on professional letterhead, signed, dated, and include the professional's license number.

TO BE COMPLETED BY THE STUDENT	
Date:	_____
Student Name:	_____
Address:	_____ _____
Phone:	(_____) _____

### TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL

Certifying Professional:	_____
Title:	_____
License Number:	_____
Office/Agency Name	_____
Office/Agency Address:	_____ _____
Office/Agency Phone:	(_____) _____

1. State the student's diagnosis(es) as per the most recent Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD).

---

---

- Indicate the date when evaluation was completed: \_\_\_\_\_
- Indicate the date of the last appointment: \_\_\_\_\_

2. What type(s) of academic accommodation(s) may benefit this student?

---

---

---

---

3. Please attach a clinical summary of psychoeducational evaluation that support the rendered diagnosis(es). These materials must include:

- Evidence of early impairment,
- a diagnostic interview,
- assessment tools and test data that support the ADHD diagnosis and the date when the last evaluation was conducted,
- description of the extent to which the symptoms of the diagnosis(es) would affect the student's academic performance.

If applicable, please include a list of any adverse side effects of current medication that may affect the student's academic performance.

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM WITH THE SUPPORTING DOCUMENTATION TO:**

Center for Academic Support Services

Antioch College

One Morgan Place, McGregor 209

Yellow Springs, OH 45387

Or email to [eharveyspain@antiochcollege.org](mailto:eharveyspain@antiochcollege.org)