

Documentation for Students With ADD/ADHD

In order to provide disability-related services, SUNY Cobleskill requires students to submit a detailed assessment by a qualified health professional verifying their disability.

Please have your provider complete this form and return it to the following address:

AccessABILITY Resources
ATT: Wendi Richards
Van Wagenen Library
SUNY Cobleskill
Cobleskill, N.Y. 12043

Date: _____

Phone: _____

Health professional's name _____ (print)

Clinic name and address: _____

Health professional's signature: _____

Student's name: _____

1. Assessment

A. What is the diagnosis? _____

B. When was your initial diagnosis made? _____

C. Is the patient/student currently under your care? _____

D. When did you last see the patient/student? _____

2. Major life activities Assessment:

Please check all major life activities listed below that are affected as a result of the diagnosis.

Please indicate level of limitation.

1= Negligible 2= Moderate 3= Substantial

	1	2	3
Writing			
Performing manual tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Memorizing			
Taking exams			
Interacting with others			
Other:			

What are the functional limitations resulting from the diagnosis that impact on major life activities identified in #2 above?

Based upon the major life activities affected by the diagnosis, are there any accommodations within the context of the college that you can recommend for this student?

Medications: _____

Medication Side-effects: _____
