



Charlotte School of Law
2145 Suttle Ave.
Charlotte, NC 28208

Office of the Dean for Student Services
(p)704-971-8500
(f)704-971-0960

REQUEST FOR ACCOMODATIONS
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD/ADD)

To ensure provision of appropriate and reasonable accommodations, Charlotte School of Law requires students to provide current (within 1 year) and comprehensive documentation or disability. Comprehensive documentation must be completed by the student's diagnosing or treating physician, psychiatrist, or psychologist and should include testing and a complete history indicating the onset date, symptoms, severity, limitations to functional activities, and current treatment regime. The Americans with Disabilities Act defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To properly evaluate eligibility and identify appropriate accomodations, this form must be fully completed by the diagnosing and/or treating professional.

The STUDENT should complete the following release:

CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the release of the following information to Charlotte School of Law to by used to determine my eligibility for accomodations.

Student Signature Date

Student Email Student Mailing Address

Notification of accommodations will be sent from the Office of Student Services upon review of required documentation.

The student's MEDICAL DOCTOR OR PSYCHOLOGIST should complete the following:

1. Primary Diagnosis: \_\_\_\_\_

Indicate Severity: mild moderate severe

2. Does this disorder substantially limit at least one major life activity? YES NO

Disability is defined as a physical or mental condition that can substantially limit at least one major life activity, episodically or chronically. Major life activities impacted by ADHD/ADD can include, but are not limited to the following: learning, concentration, and attention.

3. List major life activities that are limited:

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

4. Date of last office visit: \_\_\_\_\_

5. Date of original diagnosis: \_\_\_\_\_

**6. List specific criteria for ADHD/ADD type:**

- a. Inattention \_\_\_\_\_  
\_\_\_\_\_
- b. Hyperactivity/Impulsivity \_\_\_\_\_  
\_\_\_\_\_
- c. Combined \_\_\_\_\_  
\_\_\_\_\_

**7. Identify instruments and procedures used to assess/diagnose ADHD/ADD:  
(Attach a copy of the report that shows the instruments used and the history of symptoms)**

\_\_\_\_\_

**8. List current medication, dosage and frequency:**

\_\_\_\_\_

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

\_\_\_\_\_

**10. What accommodations do you recommend that would assist this student in an academic setting (i.e. extended test time, low distraction testing environment, etc.)?**

\_\_\_\_\_  
(Functional Limitation) (Recommendation)

\_\_\_\_\_  
(Functional Limitation) (Recommendation)

\_\_\_\_\_  
(Functional Limitation) (Recommendation)

*Please attach any additional recommendations on a separate page.*

**11. Please identify any additional information that would be helpful in providing the support to the student:**

\_\_\_\_\_

\_\_\_\_\_

If additional accommodations are needed for a separate diagnosis, please complete and appropriate form and submit with documentation. Additional forms may be found at [www.charlottelaw.edu](http://www.charlottelaw.edu).

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

**12. Printed Name and Credentials of Treating Professional:**

\_\_\_\_\_

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

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

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

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

*Attach a copy of your business card and submit request and documentation to the Office of Student Services.*