

Butler Community College
Office of Disability Services

Documentation of Learning/ADD/ADHD Disabilities
(To be completed by qualified professional)

Date: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student signature to release requested information _____

The above student has requested that you complete the following information to verify their disability. To ensure the provision of reasonable and appropriate services for students with psychological disabilities, students needing such services are required to provide current and comprehensive documentation of their disability. We ask that you complete the following sections *or provide a typewritten report* that addresses all areas listed below.

Date of Diagnosis _____

Diagnosis (DSM criteria) _____

Tests & Scores used to determine diagnosis

Diagnostic Interview Summary

Level of Severity (circle one) Mild Moderate Severe

Measures used to assess the following if applicable.

Aptitude

Achievement

Information Processing

Social/Emotional

Provide a summary of the student's educational, medical, and family history that may relate to Learning/ADD/ADHD disability.

QUALIFIED PROFESSIONAL'S SIGNATURE _____

PRINTED NAME AND TITLE _____

ADDRESS _____

DAYTIME TELEPHONE (____) _____

Return this form/information to:

Director of Disability Services
Butler Community College
901 S. Haverhill Rd.
El Dorado, KS 67042