

## **ADHD Provider Form**

Students with documented long-term or permanent disabilities or serious medical conditions may qualify for equal access accommodations. In lieu of documentation of diagnostic testing, students may submit this form in order to establish eligibility with an ADHD diagnosis.

This form must be submitted by a professional who is licensed or certified in the area for which the diagnosis is made. Name, title, and license or certification credentials must be stated in the documentation, dated, signed and specifically addressed to SSD. Forms completed by relatives will most likely not be accepted.

### **Student Information**

Student Legal Name: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

### **Provider/Student Relationship**

How long have you been working with the student?

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

When did you last see the student?

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

**Diagnostic Information**

Please list the DSM-5 diagnosis (diagnoses) and original date of each diagnosis (diagnoses):

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How was each diagnosis determined? If testing was used, please list test instruments:

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Please describe the functional impact in an academic setting of each diagnosis:

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Please describe all current treatments:

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Does the student have a known history of accommodations (such as an IEP or 504)? If so, please describe:

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**Please provide contact information, sign and date this questionnaire (below) and return to:**

Services for Students with Disabilities  
Binghamton University  
PO Box 6000  
Binghamton, NY 13902  
Fax: 607-777-6893  
Email: [ssd@binghamton.edu](mailto:ssd@binghamton.edu)

**Contact Information**

Name: \_\_\_\_\_

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

FAX and/or email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

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