

Accommodation Request Form for Attention-Deficit/Hyperactivity Disorder

Complete all information. Make sure that all sections are complete before you submit the form.

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by Candidate.

First Name: _____ Last Name: _____

Account #: _____ Date of Birth: _____ / _____ / _____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____ - _____ Email: _____

List each professional diagnostician (e.g., psychiatrist, therapist). Attach additional sheets if necessary. Each professional diagnostician must complete Section 3.

Name: _____ Office Address: _____

Phone Number: _____ Email: _____

Length of time as patient: _____

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Have you previously been provided the same accommodation(s) you are requesting in a similar testing environment?

If “yes”, please list the provider, the time frame, and a description of the accommodation(s).

If “No”, please indicate why not.

Secondary or elementary school: Yes No

If yes, accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

College (if applicable): Yes No

If yes, accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

Other: Yes No

Year(s): _____

Accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

I authorize each professional diagnostician listed to release to the Appraisal Institute or its authorized representative any and all information or documentation in his or her possession about the disability for which I am requesting accommodation(s). “Information” may include my medical history, mental or physical condition, or treatment. I agree that this authorization shall be valid until cancelled in writing by me. I understand that the Appraisal Institute will use the information obtained in this authorization to determine eligibility for a reasonable accommodation(s) with regard to Appraisal Institute examinations by reason of my disability. The Appraisal Institute reserves the right to require additional information or documentation to support this request for accommodation. I certify that the foregoing statements and those in any accompanying documents or statements are true. I understand that if I am found to have submitted false information related to this request, the Appraisal Institute will not grade or will assign a failing grade to the examination and I will be subject to possible disciplinary action under Regulation No. 6. I certify that I personally completed this application and that I may be asked to verify the above information at any time.

Candidate’s Signature: _____ **Date:** _____

SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by Candidate in consultation with professional diagnostician(s).

Please indicate what accommodations you are requesting, and provide a rationale for each.

Accommodation: _____

Rationale: _____

SECTION 3: To be completed by professional diagnostician(s). Each professional diagnostician must complete this Section if there is more than one.

Part 1: The professional diagnostician or an advocate must complete this section. Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last three (3) years.

Documentation must:

1. Include a clear diagnosis.
2. Document the history of impairment.
3. Confirm that the symptoms are not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second language (ESL) factors.
4. Provide information on current functional limitations that are likely to affect the Candidate's ability to take the test under standard conditions.
5. Provide a specific rationale for each requested accommodation.

Part 2: Evaluator's letter or report: The qualified evaluator must provide a detailed letter or report that meet **all** of these general guidelines:

- The letter or report is no more than 3 years old.
- The letter or report is printed on the evaluator's letterhead.
- The letter or report is signed by the professional.
- The letter or report includes a specific diagnosis.

Part 3: Evidence of current impairment and need for accommodations. The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- Age that symptoms of ADHD first appeared.
- Age of first diagnosis.
- History of the impact of the disorder.
- The current impact of the disorder on academic functioning and other activities of daily living.
- Current treatments (e.g., medications) and their effectiveness.
- Recommended testing accommodations with specific rationale.

Part 4: Meeting DSM-IV-TR criteria for ADHD: To be diagnosed with ADHD, there must be evidence of symptoms that led to substantial impairment, prior to the age of 12, and that the current symptoms cannot be better accounted for by another disorder or other explanation. The qualified evaluator's detailed letter or report must include discussion of how this diagnostic criteria for ADHD has been met.

Part 5: Meeting DSM-IV-TR criteria for ADHD: To be diagnosed with ADHD, there must be evidence of current impairment in **two or more life settings** (academic, social, vocational). The evaluator's documentation must provide evidence of significant current impairment in two or more life settings. The qualified evaluator's detailed letter or report

must include discussion of how this diagnostic criteria for ADHD has been met.

Part 6: Other possible explanations for the disorder have been investigated, considered, and ruled out: As a professional diagnostician, you certify that the following statements are true:

- You are confident that English-as-a-second-language (ESL) factors are not primarily responsible for the person's academic difficulties.
- You are confident that a lack of educational opportunity is not primarily responsible for the person's academic difficulties.
- You are confident that another disorder (e.g., substance use disorder, a psychological or psychiatric disorder, a medical condition or physical impairment) is not primarily responsible for the person's academic difficulties.
- You are confident that the Candidate in the psychoeducational evaluation was fully engaged and appeared to be putting forth best effort during the evaluation.

Part 7: Appropriateness of extra time accommodations. For many Candidates with ADHD, who have trouble sustaining their attention over time, it may not be wise to dramatically lengthen the duration that they will sit for the test. For some Candidates, simply providing them the opportunity to take the test in a distraction-reduced room is the only accommodations needed.

As a medical or mental health professional, you certify that the following statements are true:

- You have carefully considered the appropriateness of significantly lengthening the duration of the exam for this Candidate, prior to recommending extra testing time.
- You have carefully considered alternative accommodations (other than extra time), such as testing in a separate room.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: _____ / _____ / _____ Issuing State/Province/Territory: _____

Phone Number: (_____) _____ - _____ Email: _____

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I hereby certify that the above information is true and is provided pursuant to the authorization to release information by my patient. I also certify that I have the necessary specialized training to make the above diagnosis, that I personally

examined the applicant named above, and that the above diagnosis and assessment of the accommodation request is my professional judgment. I understand that the Appraisal Institute may contact me with the applicant's permission to obtain further information if necessary.

Diagnosing Professional's Signature: _____ Date: _____

Accommodations request may be scanned and email to comp@appraisalinstitute.org

Questions?

Email us: comp@appraisalinstitute.org

Call us: (312) 335-4111