

REASONABLE TESTING ACCOMMODATIONS SUPPLEMENTAL DOCUMENTATION FOR ADHD

A physician or other qualified professional in the field related to the applicant's disability must complete this form. The Kansas Board of Law Examiners requires that an applicant with an Attention Deficit/Hyperactivity Disorder (ADHD) must have been identified by a Comprehensive Diagnostic Evaluation Report that addresses all of the points specifically inquired about in the summary questions below. The evaluation should:

- **Have been completed or updated within the last three years;**
- **Follow full, standard DSM-V diagnostic criteria for ADHD determination;**
- **Provide evidence that diagnosis does not rely solely on self-report in establishing developmental history, current symptoms and evidence of impairment.**

Applicant's Name: _____

Summary of diagnosis: **ADHD predominantly inattentive type**
 ADHD hyperactive/impulsive type
 ADHD combined type

What are the predominant current symptoms of ADHD that cause academic impairment?

Does the applicant have a developmental history of ADHD and how was this determined?

What external validation (record review, interviews) supports self-report of ADHD symptoms and impairment determination?

Does the applicant suffer from other conditions that impact ADHD symptoms?

____ Yes ____ No

What other conditions were ruled out as alternative explanations for applicant's academic difficulty?

Was psychological/neuropsychological testing performed? ____ Yes ____ No

If "yes," submit copies of the test(s) and conclusion(s).

Did the results support the described impairment? ____ Yes ____ No

If testing was not done, why was it not considered necessary?

Is the applicant being treated with medication for this condition? ____Yes ____No

If so, what are the beneficial effects of treatment?

If not being treated, how was the decision made?

Please submit copies of the Comprehensive Diagnostic Evaluation Report, psychological/neuropsychological test findings relevant to AD/HD diagnosis, and all additional evaluations from the past that provide additional evidence regarding the applicant's history of diagnosis and treatment.

The completed form should be returned to the applicant so he or she may submit it with the completed application for reasonable accommodations.

I certify that all the information on this form and all additional documentation provided by my office is true and correct to the best of my knowledge and belief.

Signature

Name (Print)

Title

Date

I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.