

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of their disability. This documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and it substantially limits some major life activities, including learning. If accommodations, academic adjustments and/or auxiliary aids are being requested, the documentation provided must support the request. Appropriate accommodations will be determined based on the specific information submitted in the documentation.

- Please sign this Release of Information Form and submit it with the required Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Release Form and report(s) completed by a qualified professional evaluator to Accommodation Services:

**Northwood Technical College
Ashland Campus**
2100 Beaser Avenue
Ashland, WI 54806
Phone: (715) 682-4591
Fax: (715) 682-8040

**Northwood Technical College
Superior Campus**
600 N. 21st Street
Superior, WI 54880
Phone: (715) 394-6677
Fax: (715) 394-3771

**Northwood Technical College
Rice Lake Campus**
1900 College Avenue
Rice Lake, WI 54868
Phone: (715) 234-7082
Fax: (715) 234-5172

**Northwood Technical College
New Richmond Campus**
1019 South Knowles Ave.
New Richmond, WI 54017
Phone: (715) 246-6561
Fax: (715) 246 2777

I, _____ hereby authorize the release of requested information to the Disability Services Office at Northwood Technical College for the purpose of determining my eligibility for educational accommodations. Authorization remains in effect for one (1) year from the date of my signature.

I understand that I have the right to refuse to sign this authorization form and it may be revoked in writing at any time prior to the disclosure of this information.

Re-disclosure Notice: The information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by HIPAA.

Student Signature

Date

Date of Birth:

This form requires both medical documentation from a licensed physician and educational recommendations based on the diagnostic findings of an educational psychologist or other qualified professional.

Student Name _____ DOB _____

Part I.: Medical Diagnosis

(Must be completed by a licensed physician.)

Diagnostic code (DSM-IV) _____

Level of severity _____

Date of diagnosis _____

Date of last visit _____

Please check the appropriate diagnostic criteria for ADD/ADHD

1. Some hyperactive, impulsive or inattentive symptoms that caused impairment were present before age 7 years.
2. Some impairment from the symptoms is present in two or more settings.
3. There is clear evidence of clinically significant impairment in social, academic, or occupational functioning.
4. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.
5. Either (1) or (2)

(1) Inattention (minimum of six present to a significant degree)

- a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b) often has difficulty sustaining attention in tasks or leisure activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish coursework, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- g) often loses things necessary for tasks or activities
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities



(2) Hyperactivity-Impulsivity (minimum of six present to a significant degree)

- a) often fidgets with hands or feet or is restless when seated
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) feelings of restlessness
- d) is often "on the go" or often acts as if "driven by a motor"
- e) often talks excessively
- f) often blurts out answers before questions have been completed
- g) often has difficulty awaiting turn
- h) often interrupts or intrudes on others

Additional Information

Was medication prescribed? No Yes (please list) _____

Amount and frequency of administration: _____

Frequency of monitoring: _____

Response to medication: _____

Is there any indication that this student may have an additional diagnosis like depression, anxiety, learning disability, etc.? No Yes (please describe) _____

Have you recommended any type of therapy or additional testing?
 No Yes (please describe) _____

List accommodations provided in previous educational settings that you deem necessary for learning success:

Physician's Name: _____ License # _____
(please print)

Clinic Name: _____
(please print)

Address _____ Phone _____
(please print)

Physician's Signature _____ Date _____