



- Is this student taking medication that can affect attention, concentration or any other facet of learning? If yes, please list all medications and their side effects.

**Medication**

**Side Effect(s)**

_____	_____
_____	_____

- Please provide evidence that any other psychiatric disorder is not the primary disability or the cause of ADHD.

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- What are the student's functional limitations in an educational setting?

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- Do you have any specific recommendations for accommodations in an educational setting?

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\_\_\_\_\_  
**Diagnostician's signature**

\_\_\_\_\_  
**Please print diagnostician's name and title**

\_\_\_\_\_  
**Phone:**

**FAX**

**Date**

Disability Services holds all medical and psychological documentation regarding college students in a confidential manner. Please complete this form quickly and FAX it back to our office. If you have any questions regarding this request, please contact our office at 954-201-7655. Thank you for your assistance.

**Please reply to:**

Office of Disability Services  
Broward College  
111 East Las Olas Blvd  
Fort Lauderdale, FL 33301

**FAX: 954-201-7492**