



**(3) Significant impairment in academic functioning (must be completed)**

**Evidence of a significant impairment to learning MUST accompany this documentation.** This evidence must include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. These recommendations must be supported with specific test results or clinical observations.

**Academic Impairment**

**Academic Accommodation Recommended**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ B. Several hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 12 years.

\_\_\_\_\_ C. Some impairment from the symptoms is present in two or more settings.

\_\_\_\_\_ D. 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.

Was medication prescribed? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Response to medication \_\_\_\_\_

Have you recommended any type of therapy? \_\_\_\_\_

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Provider's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_