

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Principal:

The above-named student was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) by this office on \_\_\_\_\_ and was last seen on \_\_\_\_\_. The diagnosis was based on patient, parent and teacher reports, physical examination, diagnostic criteria, standardized questionnaires, and other testing. Medical and behavioral treatment and monitoring will be ongoing.

Although our evaluation focused on ADHD, we also discussed with the parents learning and behavior disorders, school-based educational/behavioral assessments, section 504, IDEA, and psychometric academic/achievement testing.

This medical report documents the diagnosis of ADHD, a neurodevelopmental disorder which may limit learning thereby qualifying the student for appropriate academic or behavioral accommodations. Modifications recommended by Section 504 of the Rehabilitation Act of 1973 include, "physical arrangement of room, lesson preparation, assignments/worksheets, transportation, test-taking, organization, behaviors, medication, discipline or other as specified."

This letter is also a formal request from the parents and the physician for further psychological and academic assessment of this child. A copy of this notification has been given to the parent for their use and is on file in our medical record department.

Thank you for this opportunity to work cooperatively with you and this family.

Sincerely,

\_\_\_\_\_, M.D.

**I agree with the above diagnostic report. I give my permission for the school and Dr.**

**\_\_\_\_\_ to share information concerning my child's condition.**

**Because of my child's worsening school problems and ADHD medical diagnosis, I am requesting a school-based multidisciplinary team evaluation to determine if special or related education is appropriate under Section 504 or IDEA law.**

Parent (signature): \_\_\_\_\_

Parent (print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_