

[Date]

[Recipient Name/Disability Services Office]

[Institution/School Name]

[Department Address]

RE: Request for Testing Accommodations - [Student Name]

To Whom It May Concern:

I am the [Physician/Psychologist/Licensed Clinician] for [Student Name], [Date of Birth]. [Student Name] is currently under my care and has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), [Specify Type: e.g., Combined Presentation/Inattentive Presentation].

Due to this condition, [Student Name] experiences significant limitations regarding sustained attention, processing speed, and executive functioning. These symptoms directly impact the student's ability to demonstrate their knowledge under standard timed conditions.

Based on a clinical evaluation and the functional limitations of this diagnosis, I recommend the following academic accommodations:

- **Extended Time for Exams:** [e.g., 50% additional time (1.5x) or 100% additional time (2.0x)] on all timed assessments, quizzes, and exams.
- **Distraction-Reduced Environment:** Testing in a separate, quiet room to minimize auditory and visual interruptions.
- **Short Breaks:** Permission to take brief "stop-the-clock" breaks during extended testing periods.

These accommodations are necessary to provide [Student Name] with equal access to the educational environment and to ensure that test results accurately reflect their academic proficiency rather than the limitations imposed by their ADHD.

If you require further documentation or have any questions regarding this request, please contact my office at [Phone Number].

Sincerely,

[Signature]

[Printed Name and Credentials]

[Medical License Number]

[Practice Name/Clinic]