VERIFICATION OF DISABILITY FORM
for Students with Attention Deficit Hyperactivity Disorder

Please have your medical doctor or your clinical or counseling psychologist complete this form or use it as a basis for their narrative summary.

Please provide the following information about:

______________________________________
(Student’s name)

DIAGNOSTIC INFORMATION

DSM-IV Diagnosis:

______________________________________

1. Level of severity: (check one)  _____ Mild  _____ Moderate  _____ Severe

2. Date of diagnosis:

______________________________________

3. What procedures were used to assess/diagnose ADHD?

______________________________________

PLEASE ATTACH PHYSICIAN’S DIAGNOSTIC REPORT AND ANY CONCURRING PSYCHIATRIC AND PSYCHOLOGICAL EVALUATIONS

4. Describe symptoms which meet the criteria for this diagnosis, along with approximate date of onset.

______________________________________
5. Does this student have other accompanying disabilities, such as depression, learning disabilities, Obsessive-Compulsive Disorder etc.? If yes, please attach any relevant documentation of accompanying disabilities.

EDUCATIONAL INFORMATION

6. Describe the student’s functional limitations in an educational setting.

7. What measures were used to assess current educational functioning?

8. Have you any recommendations to make regarding effective academic accommodations to equalize this student’s educational opportunities at the post-secondary level?

CERTIFYING AUTHORITY

Signature: __________________________

Print name and title: __________________________

License: __________________________

Address: __________________________

Phone: __________________________ Fax: __________________________

Date: __________________________

REV 7/12