

VERIFICATION FORM FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

The Center for Access and Academic Testing at Tarleton State University provides academic services and accommodations for students with diagnosed disabilities. The evidence provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to receive academic accommodations, the evidence needs to demonstrate functional limitations that will impact an individual in an academic setting.

The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. These persons are generally trained, certified, and or licensed psychologist and/or members of a medical specialty (e.g. psychiatrist, neuropsychologist).

The provider can attach any reports which provide additional related information (e.g. psychoeducational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form. Please do not provide case notes or ratings scales without a narrative that discusses the results.

STUDENT INFORMATION PLEASE PRINT LEGIBLY OR TYPE

Student Name:

Student ID #:

Status (check one): Current Student Prospective Student

Student Phone Number:

Student Email:

PROVIDER INFORMATION
PLEASE PRINT LEGIBLY OR TYPE

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. DSM-IV diagnosis:

314.00

Predominantly Inattentive

Predominantly Hyperactive-Impulsive

314.01

314.9

2. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

Structured or unstructured clinical interview with the student

Interviews with other persons

Behavioral observations

Developmental history

Medical history

Neuropsychological testing (dates of testing)

Rating scales

Other (please specify):

3. Please state date of diagnosis:

4. What is the severity of the condition? Please check one:

Mild

Moderate

Severe

Explain Severity:

5. State the following:

Date of first contact with student:

Date of last contact with student:

6. Student's History:

a. **ADHD History:** Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/teachers. Indicate the ADHD symptoms that were present during early school years. (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.)

b. **Psychosocial History:** Provide relevant information obtained from the student/parents/guardians regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.)

c. **Pharmacological History:** Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past. Also include any current medication(s) that the student's currently prescribed including dosage, frequency of use, the adverse side effects and the effectiveness of the medication.

d. **Educational History:** Provide a history of the use of any educational accommodations and services related to this disability.

7. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-IV that the student currently exhibits:

Inattention

often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.

often has difficulty sustaining attention in tasks or play activities.

often does not seem to listen when spoken to directly.

often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions).

often has difficulty organizing tasks and activities.

often avoids, dislikes, or is reluctant to engage in tasks such as schoolwork or homework that requires sustained mental effort.

often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc).

often easily distracted by extraneous stimuli.

often forgetful in daily activities.

Hyperactivity

often fidgets with hands or feet or squirms in seat.

often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.

often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).

often has difficulty playing or engaging in leisure activities that are more sedate.

often "on the go" or acts as if "driven by a motor".

often talks excessively.

Impulsivity

often blurts out answers before questions have been completed.

often has difficulty awaiting turn.

often interrupts or intrudes on others (e.g. butts into conversations or games).

8. State the student's functional limitations based on the ADHD diagnosis, specifically in a classroom setting.

9. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if note taker is suggested, state the reasons for this request related to the student's diagnosis).

10. If current treatments (e.g. medications, counseling) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

Signature:

Date:

Provider name (print):

Title:

License number (if applicable):

Address:

Phone/Fax Number:

E-mail:

Return this information to:
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