



## Disability Verification Form

### Attention-Deficit/Hyperactivity Disorder

To be completed by a qualified professional

A student under your care has requested accommodations for a disability under Section 504 of the Rehabilitation Act of 1973, title III of the Americans with Disability Act (ADA) of 1990 and 2008 amendments. According to the ADA, *“The term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual”*. In order to be eligible for accommodations, the student must provide supporting documentation that demonstrates that the student has one or more functional limitations that impact their performance, and that accommodations are necessary to ensure that the student has an equal opportunity for success in the academic setting.

The following document provides guidelines regarding the documentation that is required in order to determine 1) whether a disability exists and 2) if a disability exists, the appropriate accommodations and services that are necessary. The documentation **must include the following**: (1) a diagnosis of the student’s disability; (2) a description of the limitations caused by the disability; and (3) the professional’s recommendations for reasonable accommodations for the disability. All documentation must be current and relevant.

Please complete the form and attach as much supporting documentation as you think would be helpful in providing information about the student’s disability. The information you provide will not become part of the student’s official university records. Documentation is kept in a confidential file in the Academic Services office and will only be disclosed with the student’s permission. The student will have access to the information you provide.

Additional documentation must be submitted on letterhead. Handwritten documentation must be legible.

Please submit your signed and completed form and other documentation to:

Lewis University  
Learning Access Coordinator, Academic Services #270  
One University Parkway  
Romeoville, IL 60446-2200  
Phone: 815-836-5593  
Fax: (815) 834-6614

1. Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Evaluator

The professional submitting the documentation must be qualified to conduct the assessment and make a diagnosis. The professional must be trained in differential diagnosis and in assessing the full range of psychiatric disorders (e.g. licensed clinical psychologist, neuropsychologist, psychiatrist or other medical specialty familiar with AD/HD). The professional may not be related to the student.

Name (Printed):		Date:
Degree:		Medical Specialty:
License Number:		State of Issue:
Address:		
Phone:	Fax:	Email:
Signature:		

3. Documentation must be current. Supporting documentation cannot be more than three (3) years old.

4. Evidence of early impairment. Please include all relevant background information to support existence of AD/HD in childhood, manifesting in more than one setting. Supporting documentation may include transcripts, report cards, teacher comments, tutoring evaluations, past psychoeducational testing and third party interviews.

5. Clinical Assessment

a.

Date Student First Seen:	Date Student Last Seen:
Do you see this student regularly:	If so, how often:
Date of Diagnosis:	

b. DSM-V diagnosis:

- 314.00 Predominantly Inattentive Presentation
- 314.01 Predominantly Hyperactive-Impulsive Presentation
- 314.01 Combined Presentation
- 314.01 Other Specified Attention-Deficit/Hyperactivity Disorder
- 314.01 Unspecified Attention-Deficit/Hyperactivity Disorder

c. Specify current severity:

- Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

d. Which of the following was used in your clinical assessment?

- History of attentional symptoms, including impulsive/hyperactive or inattentive behavior.
- Developmental history
- Relevant family history, including learning, attentional, physical and psychological issues
- Relevant medical history, including medications
- Psychosocial history, including interventions
- Educational history, including K-12 and post-secondary
- History of prior therapy
- Psychoeducational reports (dates) \_\_\_\_\_
- Employment history
- Rating scales

- e. Relevant testing. Please list any psychoeducational or neuropsychological tests performed to evaluate the student's ability to perform in academic settings. Copies of the assessments should be included as part of the documentation.

Test	Date Administered

- f. Check all AD/HD symptoms listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* that the student currently exhibits:

1. **Inattention:** For older adolescents and adults (age 17 and older), at least five symptoms are required.
  - \_\_\_\_\_ Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
  - \_\_\_\_\_ Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
  - \_\_\_\_\_ Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
  - \_\_\_\_\_ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
  - \_\_\_\_\_ Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
  - \_\_\_\_\_ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

- \_\_\_\_\_ Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- \_\_\_\_\_ Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- \_\_\_\_\_ Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. **Hyperactivity and impulsivity:** For older adolescents and adults (age 17 and older), at least five symptoms are required.

- \_\_\_\_\_ Often fidgets with or taps hands or feet or squirms in seat.
- \_\_\_\_\_ Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
- \_\_\_\_\_ Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
- \_\_\_\_\_ Often unable to play or engage in leisure activities quietly.
- \_\_\_\_\_ Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
- \_\_\_\_\_ Often talks excessively.
- \_\_\_\_\_ Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- \_\_\_\_\_ Often has difficulty waiting his or her turn (e.g., while waiting in line).
- \_\_\_\_\_ Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

g. Discuss alternative diagnoses that were ruled out, including possible cultural and educational factors that could mimic ADHD. Give a detailed explanation for the exclusion(s).

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- i. Please list the specific accommodations you recommend for this student, and a rationale for the basis of the recommendation(s).

<b>Accommodation Recommended</b>	<b>Rationale</b>