



Resource Center for Persons with Disabilities (RCPD)  
Michigan State University  
120 Bessey Hall  
East Lansing, MI 48824-1033  
(517) 884-RCPD (517) 355-1293 (TTY) (517) 432-3191 (fax)  
<http://www.rcpd.msu.edu>

---

## Verification Form for Documentation of ADHD

Evaluators are encouraged to remain cognizant of the following points:

- An ADHD diagnosis should not be made without clear evidence of problems dating back to childhood, although symptoms may not become functionally limiting until adolescence [or adult age].
- There must be evidence of the functional impact of the disability based on current DSM criteria. Having a disorder does not mean it is disabling nor does it necessarily entitle an individual to accommodations.
- There is a need for multi-dimensional assessment that includes data from different sources (e.g., client, significant other, parents, school records, employment performance records, neuropsychological testing).
- An ADHD diagnosis should never be made solely from a symptom count based on a checklist or rating scales.
- While neuropsychological and psycho-educational testing is not yet able to reliably diagnose ADHD, it can help determine the current levels of severity of the ADHD and quantify the impact of the disorder on cognitive or academic functioning and can be helpful in suggesting relevant instructional needs.

*The Resource Center for Persons with Disabilities recommends as a reference the "Policy Statement for Documentation of Attention-Deficit Hyperactivity Disorder in Adolescents and Adults" published by the Educational Testing Service: <http://www.ets.org>. Use of the ETS guidelines will maximize the usefulness of this assessment report.* If the documentation provided by the individual does not meet ETS documentation requirements for ADHD, individuals have the option of submitting new documentation or a documentation update. **A documentation update** is a report by a qualified professional that includes a **summary** of the original disability documentation findings, as well as **additional clinical data** necessary to establish the individual's current eligibility and the appropriateness of the requested testing accommodation(s). Refer to the ETS website for guidelines for more information on providing a documentation update.

**Please follow these procedures:**

- ***This form must be completed by a professional qualified by comprehensive training and direct experience in the differential diagnosis of ADHD, (e.g. psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors).***
- ***The individual must provide recent documentation verifying the condition and describing its current functional impact. In most cases, this means that a diagnostic evaluation must have been completed within the past three years.***
- ***Please provide accurate, comprehensive and LEGIBLE answers on this form in order to expedite the process and enable RCPD to determine what auxiliary aids or services are needed. ALL ASPECTS OF THIS FORM MUST BE COMPLETED FOR DOCUMENTATION TO BE ACCEPTED.***
- ***The evaluator must attach a copy of the psychological report which provides a list of specific tests and the scores used to establish each criterion, and include his or her signature. Please attach extra sheets with supporting verification and explanation for any items which need further interpretation.***

**The individual named below is requesting reasonable and appropriate accommodations for Attention Deficit Hyperactivity Disorder (ADHD).**

Name: \_\_\_\_\_  
Last First M.I.

Date of Initial Diagnosis: \_\_\_\_\_ Date of Current Diagnosis: \_\_\_\_\_

*The Americans with Disabilities Act as amended (ADA) defines disability as "a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment." Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.*

**DIAGNOSTIC TOOLS:** (Please check current measures used in making the diagnosis. For more detailed information on suggested instruments, refer to the ETS website: [www.ets.org](http://www.ets.org))

Clinical Interview & History

**Rating Scales:**

- Achenbach System for Empirically Based Assessment (ASEBA)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI)
- Conners' Adult ADHD Rating Scales (CAARS)
- Conners' Comprehensive Behavior Rating Scales (Conners' CBRS)

**Tests of Intellectual Functioning:**

- Kaufman Adolescent and Adult Intelligence Test
- Wechsler Adult Intelligence Scale (WAIS)
- Woodcock-Johnson Tests of Cognitive Ability

**Attention, Memory, and Learning:**

- Attention Capacity Test (ACT)
- Brown Attention-Deficit Disorder Scale
- California Verbal Learning Test (CVLT)
- Conners' Continuous Performance Test (CPT)
- Paced Auditory Serial Test (PASAT)
- Tests of Variables of Attention (TOVA)
- WAIS Working Memory Index
- Wechsler Memory Scales (WMS)

**Executive Functioning:**

- Delis-Kaplan Executive Function System (DKEFS)
- Trail Making Test Parts A and B
- Wisconsin Card Sorting Test (WCST)

**Academic Achievement:**

- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test (WIAT)
- Woodcock-Johnson Psychoeducational Battery: Tests of Achievement

**Supplemental Achievement Tests:**

- Gray Oral Reading Test (GORT)
- Nelson-Denny Reading Test (with standard and extended time)
- Stanford Diagnostic Mathematics Test
- Test of Written Language (TOWL)
- Woodcock Reading Mastery Tests
- Other \_\_\_\_\_

**Which of the following symptoms have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:**

**Please characterize symptoms by denoting the relative severity of symptoms:**

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

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Often has difficulty sustaining attention in tasks or play activities

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Often does not seem to listen when spoken to directly

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

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

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Often has difficulty organizing tasks and activities

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

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

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Is often easily distracted by extraneous stimuli

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_

Is often forgetful in daily activities

**0** \_\_\_\_\_ **Minimal** **1** \_\_\_\_\_ **Moderate** **2** \_\_\_\_\_ **Severe** **3** \_\_\_\_\_



<b>Code based on type: (Please denote appropriate diagnosis)</b>
<b>314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type</b>
<b>314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type</b>
<b>314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive, Impulsive Type</b>
<b>314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified (Attach detailed explanation)</b>

Level of Severity – **Check one:**       Mild                               Moderate                               Severe

Co-morbid Diagnoses: \_\_\_\_\_

For each activity, denote the level of impact for **both without and with** medication and prescribed aids.

<b>Life Activity</b>	<b>Medications</b>	<b>No Impact</b>	<b>Moderate Impact</b>	<b>Substantial Impact</b>	<b>Don't Know</b>
Concentration	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying on task	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing tasks	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking lecture notes	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversations	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing External Distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Internal Distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sleeping	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Care	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Denote all prior and current accommodations and treatments:

\_\_\_ Prescription medication (Include name, amount, and frequency)

---



---

\_\_\_ Extended time on tests

\_\_\_ Cognitive/Behavioral Therapy

\_\_\_ Tutoring

\_\_\_ Assistance with self management

Other: \_\_\_\_\_

From your professional perspective, assuming compliance with your treatment plan, what accommodations (if any) do you recommend to maximize achievement/performance:

---



---



---

Describe any referrals or suggestions made for further testing, evaluation, treatment or therapy.

---



---



---

**Provider's Name:** \_\_\_\_\_  
Last
First
M.I.

**Credentials/Specialization:** \_\_\_\_\_

**State of License:** \_\_\_\_\_ **License/Certificate#:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*My signature below denotes accuracy in all aspects of this form to the best of my knowledge.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Required**

Attach Business Card Here  
or  
If Submitting Electronically,  
Denote your Office Web Address