



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

The student named below is requesting reasonable and appropriate accommodations for Attention Deficit Hyperactivity Disorder (ADHD). In order to provide these services, the student must provide recent documentation verifying the condition and describing its current functional impact. The report should provide information supporting a diagnosis consistent with the DSM-IV, in documenting ADHD in adults. Appropriate services will be based upon the specific information provided.

The diagnosis of a disorder such as ADHD or Learning Disability does not, in itself, entitle an individual to accommodations at MSU, and the extent to which the disability disables a student from academic activities (compared to the average person) is considered on a case by case basis.

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/distest/adhdplcy.html>. Use of the ETS guidelines will maximize the usefulness of the assessment report. Thank you for your help in providing this information.

- ***This form must be completed by a professional qualified by comprehensive training and direct experience in the differential diagnosis of ADHD, i.e. psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors.***
- ***For a list of qualified professionals in the MSU local area, contact the RCPD office.***
- ***Please provide accurate, comprehensive and legible answers on this form in order to enable RCPD to determine what auxillary aids or services are needed.***
- ***The evaluator must attach copies or summaries of the specific tests, measures or clinical data 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.***

Name of Student: _____ Date of Birth: _____

Date of Initial Diagnosis: _____ Date of Current Diagnosis: _____

Procedures used to assess/diagnose ADHD: (Please attach diagnostic report. For specific suggested instruments, please refer to the following website: <http://www.ets.org/distest/adhdplcy.html#appendc>.)

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 circling 'Yes' or 'No' and indicating relative severity:

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

Yes / No Minimal 1 2 3 4 5 Severe

Often has difficulty sustaining attention in tasks or play activities

Yes / No Minimal 1 2 3 4 5 Severe

Often does not seem to listen when spoken to directly

Yes / No Minimal 1 2 3 4 5 Severe

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)

Yes / No Minimal 1 2 3 4 5 Severe

Often has difficulty organizing tasks and activities

Yes / No Minimal 1 2 3 4 5 Severe

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

Yes / No Minimal 1 2 3 4 5 Severe

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

Yes / No Minimal 1 2 3 4 5 Severe

Is often easily distracted by extraneous stimuli

Yes / No Minimal 1 2 3 4 5 Severe

Is often forgetful in daily activities

Yes / No Minimal 1 2 3 4 5 Severe

Often fidgets with hands or feet or squirms in seat

Yes / No Minimal 1 2 3 4 5 Severe

Often leaves seat in classroom or in other situations in which remaining seated is expected

Yes / No Minimal 1 2 3 4 5 Severe

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)

Yes / No Minimal 1 2 3 4 5 Severe

Often has difficulty playing or engaging in leisure activities quietly

Yes / No Minimal 1 2 3 4 5 Severe

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

Yes / No Minimal 1 2 3 4 5 Severe

Often talks excessively
Yes / No Minimal 1 2 3 4 5 Severe
Often blurts out answers before questions have been completed
Yes / No Minimal 1 2 3 4 5 Severe
Often has difficulty awaiting turn
Yes / No Minimal 1 2 3 4 5 Severe
Often interrupts or intrudes on others (e.g., butts into conversations or games)
Yes / No Minimal 1 2 3 4 5 Severe
Provide evidence of hyperactive-impulsive or inattentive symptoms that caused impairment were present before 7 years of age.
Provide evidence of impairment from the symptoms in 2 or more settings (e.g., at school, work or at home).
Provide evidence that the symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, disassociative disorder, or personality disorder).
Code based on type: (Please Circle)
314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type
314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive, Impulsive Type
314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified (Attach detailed explanation)

(The above codes and criteria are taken from DSM IV and operationalized by adding the following requests for specific information.)

Level of Severity: (Mild, Moderate, Severe) _____

Co-morbid Diagnosis : _____

Describe the student's functional limitations on learning and the degree to which it impacts the individual in the academic setting for which accommodations are being requested.
List the measures used to assess current educational achievement: (Testing, Grade reports, clinical interviews, etc.)
Describe the presence of compensatory strategies employed by the examinee in any of the DSM-IV diagnostic criteria:
Document all prior accommodations and treatments:
Recommendations regarding reasonable academic accommodations:
Describe any medication prescribed. What, amount and frequency of administration.
Does the student need the above accommodations when utilizing medications?
Describe any referrals or suggestions made for further testing, evaluation, treatment or therapy.

Provider's Name: *(Please print)* _____ **Title:** _____

State of License: _____ **License/Certificate #** _____

Address _____

Phone _____ **Fax** _____ **Email** _____

Signature _____ **Date** _____