Disability Services Office

VERIFICATION OF ATTENTIONAL DEFICIT/HYPERACTIVITY DISORDER

The Disability Services Office provides services to students with diagnosed Attention Deficit/Hyperactivity Disorder (ADHD). To determine eligibility for services, this office requires current comprehensive documentation of ADHD from a qualified diagnosing physician, psychologist, psychiatrist or other licensed medical/mental health professional currently treating the student.

The provider(s) should attach any reports that provide additional related information (e.g. psycho-educational testing, neuropsychological test result, etc.) *If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.*

Please Print Legibly

Student Name: _________________________________________________________________

Date Completed: _____/_____/_______  Student’s Date of Birth _____/_____/_______

1. DSM-5 diagnosis:

☐ Predominantly Inattentive
☐ Predominantly Hyperactive-Impulsive
☐ Combined type
☐ Not otherwise specified: __________________________________________________________

2. Date of diagnosis: _____/_____/_____

First contact with student _____/_____/____ Last contact with student: _____/_____/____

3. What is the severity of the disability? Please check one:

☐ Mild  ☐ Moderate  ☐ Severe

Explain Severity: ____________________________________________________________________

__________________________________________________________________________________

4. List medication(s) that the student is currently prescribed including, dosage, frequency of use, the adverse side effects, the effectiveness of the medication and other medications tried.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
5. Please check all ADHD symptoms listed in the DSM-5 that 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 instructions)
  ☐ often has difficulty organizing tasks and activities
  ☐ often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
  ☐ often loses things necessary for task for activities (e.g. school assignments, pencils, books, 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 often 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)

6. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability and degree of severity.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Student’s History:
a. AD/HD History:
  Provide evidence of inattention and/or hyperactivity during childhood in more than one setting and presence of symptoms prior to age twelve.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
b. Pharmacological History:
Provide relevant pharmacological history, including an explanation of the extent to which the medication prescribed to treat AD/HD has mitigated the symptoms of the disorder in the past.

8. State specific recommendations regarding academic accommodations for this student, and the rationale as to why these accommodations/services are warranted based upon the student’s functional limitation. Indicate why the accommodations are necessary.

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

10. If any co-morbid conditions exist, please describe.

Provider Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Medical Specialty:</td>
<td>License #:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Clinician’s Signature:</td>
<td>Printed Name:</td>
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</tbody>
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Please mail or fax this completed form and any additional information to:

Disability Services Office
UW-Green Bay
2420 Nicolet Drive, SS 1700
Green Bay, WI  54311

920-465-2841
FAX 920-465-2191
EMAIL: DIS@UWGB.EDU