

ADHD Disability Verification Form

To be completed by Psychiatrist/Psychologist/or Diagnosing Physician

Eligibility requirements for support services for students with Attention Deficit/Hyperactivity Disorder:

1. Student provides verification of diagnosis and severity;
2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provisions of reasonable and appropriate services for students with ADHD at Northern Vermont University, students needing such services are required to provide current and comprehensive documentation of disability. This documentation should include information on the diagnosis; describe the attention difficulties and the functional limitations in an educational setting; indicate the severity and longevity of the condition; and offer recommendations for treatment. To facilitate the gathering of such critical information, we ask that you please respond to the following questions.

Student Name: _____ DoB: _____

1. DSM-V diagnosis: _____

2. Level of Severity: Mild Moderate Severe

3. Date of diagnosis: _____ Last contact with student: _____

4. What procedures were used to assess/diagnose ADHD? (Please attach diagnostic report).

5. Describe the student's symptoms which meet the criteria for this diagnosis with approximate date of onset for each: _____

6. Describe the student's functional limitations in an educational setting: _____

7. What measures were used to assess the student's current educational achievement?

8. What recommendations, if any, do you have regarding effective academic accommodations to equalize the student's educational opportunities at the post-secondary level?

9. Please indicate what medication, if any, has been prescribed to the student to treat the symptoms of ADHD. _____

10. In addition to the diagnostic report, please attach any other information you consider relevant to the student's post-secondary success.

Signature of Diagnosing Provider: _____

Printed Name of Diagnosing Provider: _____

Title and License Number: _____

Address: _____

Telephone: _____ Email: _____

Return completed form to:

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