MONTGOMERY COLLEGE

Disability Support Services

VERIFICATION OF ADD/ADHD

The Office of Disability Support Services (DSS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

DSS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified, or licensed psychologists or members of an appropriate medical specialty.

B**. All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. (See C. for exception.)

C. **The healthcare provider should attach any reports which provide additional related information** (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. *Please do not provide case notes or rating scales without a narrative that explains the results.*

D. **The healthcare provider, after completing this form must sign it, complete the Healthcare Provider Information section on the last page, or attach a current comprehensive diagnostic report, and mail or fax it to the address provided in our letterhead.** The information you provide will not become part of the student's educational records, but it will be kept in the student's file at DSS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact DSS. Thank you for your assistance.

Student's Information

Student's Name:

Student's Phone Number:

Student's Date of Birth:

Student's Email:

Diagnostic Information

Date of Diagnosis:

Axis II:

Date of First Contact with Student:

Axis III:

Date of Last Contact with Student:

Axis IV:

DSM-IV Diagnosis:

Axis V (GAF Score):

Axis I:

In addition to DSM=IV Criteria, how did you arrive at your diagnosis? Please check all that apply.

- ☐ Structured or unstructured interviews with the student
- ☐ Interviews with other persons
- ☐ Behavioral observations
- ☐ Developmental history
- ☐ Educational history
- ☐ Medical history
- ☐ Neuropsychological Testing, date(s) of Testing:
- ☐ Psycho-Educational Testing, date(s) of Testing:
- ☐ Standardized or Non-Standardized Rating Scales
- ☐ Other, please specify:

What is the severity of the condition? Please check one.

☐ Mild ☐ Moderate ☐ Severe

Explain severity:

Is this student currently receiving therapy or counseling? Please check one.

☐ Yes ☐ No ☐ Not Sure

Student History

ADHD History

Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.).

Psychosocial History

Provide relevant information obtained from the student/parent/guardian regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

Pharmacological History

Provide relevant pharmacological history including an explanation fo the extent to which the medication has mitigated the symptoms of the disorder in the past. Also include any *current medication(s)* that the student is currently prescribed including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

Educational History

Provide a history of the use of any educational accommodations and services related to this disability.

Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-IV that the student 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 tasks or activities (e.g. school assignments, pencils, books, tools, etc.).
☐ Is 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 or restlessness).
☐ Often has difficulty playing or engaging in leisure activities that are more sedate.
☐ Is 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)

Major Life Activities Assessment

Please check which of the following Major life activities listed below are affected because of the student's impairment. Indicate the severity of the limitations.

☐ Concentrating <Select Severity>
☐ Memory <Select Severity>
☐ Social interactions <Select Severity>
☐ Note taking <Select Severity>
☐ Regular class attendance <Select Severity>
☐ Learning <Select Severity>
☐ Reading <Select Severity>
☐ Thinking <Select Severity>
☐ Communicating <Select Severity>
☐ Keeping appointments <Select Severity>
☐ Stress management <Select Severity>
☐ Managing internal distractions <Select Severity>
☐ Managing external distractions <Select Severity>
☐ Organization <Select Severity>
☐ Finishing tests on time <Select Severity>

Additional Questions

What specific symptoms/functional limitations based on the diagnosis does the student have that might affect him/her in the academic setting?

Describe any situations or environmental conditions that might lead to an exacerbation of the condition.

State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).

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.

Health Provider Information

Provider Signature:	License or Certification #:
Provider Name:	Provider Address:
Date of signature:	Provider Phone Number:
Provider Title:	Provider Fax Number:

*** Adapted from Ohio State University Disability Verification for ADD/ADHD

Email this completed form to: dss@montgomerycollege.edu
Fax this completed form to: 240-567-5097
Mail this completed form to: Office of Disability Support Services SV 305, 51 Mannakee St., Rockville, MD 20850