



DISABILITY VERIFICATION FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments of current cognitive processing and educational achievement are necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

RELEASE OF INFORMATION

I, _____ hereby authorize the release of the following information to Learning Support & Disability Services at Louisburg College for the purpose of determining my eligibility for education accommodation.

_____ Date _____ Student's signature

Diagnostic code (ICD or DSM III-R, IV) _____

Level of Severity: _____

Date of Diagnosis: _____

Date of last visit: _____

FUNCTIONAL LIMITATIONS:

Check the major life activities with which this condition interferes:

Breathing Caring for self Hearing Learning Performing manual task
 Seeing Walking Working _____ Other

Please check off the appropriate diagnostic criteria for ADD/ADHD

A. Either Inattention or Hyperactivity

(1) Inattention:

a) often fails to give close attention to details or makes careless mistakes in schoolwork, work
Or other activities.

b) often has difficulty sustaining attention in tasks or play activities

c) often does not seem to listen when spoken to directly

d) often does not follow through on instructions and fails to finish schoolwork, chores,
or duties in the work place (not due to oppositional behavior or failure to understand
instructions.

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- ___e) often had difficulty organizing tasks and activities
- ___f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___g) often loses things necessary for tasks or activities
- ___h) is often easily distracted by extraneous stimuli
- ___i) is often forgetful in daily activities

(2) Hyperactivity-Impulsivity

- ___a) often fidgets with hands or feet or squirms in seat
- ___b) often leaves seat in classroom or in other situations in which remaining seated is expected
- ___c) 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)
- ___d) often had difficulty playing or engaging in leisure activities quietly
- ___e) is often "on the go" or often acts as if "driven by a motor"
- ___f) often talks excessively
- ___g) often blurts out answers before questions have been completed
- ___h) often has difficulty waiting turn
- ___i) often interrupts or intrudes on others

- ___ B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- ___ C. Some impairment from the symptoms is present in two or more settings.
- ___ D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- ___ E. 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.

How does the condition(s) affect the student in the activities required in an academic environment? Describe below the substantial functional **limitations** and/or behavioral manifestations (e.g., *easily distracted, poor concentration, difficulty focusing for extended period of time, difficulty formulating and executing plan of action, difficulty with task management, easily agitated and frustrated with people and situations.*) And your recommended reasonable accommodations: (e.g., *extended time, separate testing area, note takers/ tape recorder, priority registration, etc.*)

<u>Diagnosis</u>	<u>Substantial Functional Limitations</u>	<u>Reasonable Accommodation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any indication that this student may have an additional diagnosis like depression, anxiety, etc.?

Have you recommended any type of therapy? _____

Please include and attach any information you have on learning disability testing, intellectual functioning, And/or academic problems that you feel we should know in order to help this student.

Was medication prescribed? _____ If yes, what? _____

Dosing schedule: _____

Frequency of monitoring: _____

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Response to medication: _____

Will patient be obtaining prescriptions from you during the academic year (circle one)? YES NO

Thank you for your help in providing this information so that we may begin providing services as soon as possible. **Please mail this form to the address shown below or have the patient return it to our office in a signed and sealed envelope. PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.**

Provider's name _____ Phone _____

My Specialty is (List your specialty on the line following your classification). MD _____

Psychiatrist _____ Physician Extender _____ Other _____

Address _____
Street City State Zip

Signature _____ Date _____

Mail to: **Laura Arrington, M.S., C.R.C.**
Coordinator of Learning Support & Disability Services
Louisburg College
Learning Partners Division
501 N. Main Street
Louisburg, NC 27549

Call : 919-497-3276 / 3236