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.

   ___B. Hyperactivity
       (1)  Hyperactivity:
            ___a) often acts or speaks without waiting for a turn
            ___b) has difficulty sitting still or having quiet time
            ___c) is often restless or unable to sit quietly
            ___d) is often impatient
            ___e) is often...
ADHD Documentation

___ 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 blurs 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.)

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<tr>
<th>Diagnosis</th>
<th>Substantial Functional Limitations</th>
<th>Reasonable Accommodation</th>
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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:
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