

LOUISBURG COLLEGE

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.

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RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the release of the following information to The Office of Learning Support and Disability Services at Louisburg College for the purpose of determining my eligibility for educational accommodations and/or entrance into the Learning Partners Program.

\_\_\_\_\_
Date Student's Signature
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Diagnostic code (ICD or DSM-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 AD/HD

- \_\_\_A. Either Inattention or Hyperactivity-Impulsivity
(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)
\_\_\_e) often has 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 has 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, 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 be aware of in order to help this student.

Was medication prescribed? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Dosing schedule: \_\_\_\_\_

Frequency of monitoring: \_\_\_\_\_

Response to medication: \_\_\_\_\_

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

Is the student complying with medicine or other treatment recommendations for AD/HD and other comorbid diagnoses?

Circle one. YES NO If no, please explain your answer in detail.

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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 client 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 \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Karen Martin  
Director of Learning Support & Disability Services  
Louisburg College  
501 N. Main Street  
Louisburg, NC 27549

**Call :** 919-497- 3236

**FAX:** 919/497-6733