



Attention-Deficit Hyperactivity Disorder Verification Form

To be completed by a Physician or Mental Health Professional

Client Information

NAME

SSN

DATE

The client indicated above has requested academic accommodations from Weber State University based upon a reported diagnosis of an Attention-Deficit Hyperactivity Disorder. Services for Students with Disabilities has prepared this form to assist the University in identifying specific accommodations or services a student may need to experience academic success. To determine eligibility for these services, WSU requires a diagnosis of ADHD to be carefully and completely documented. Documentation which does not address DSM-IV diagnostic criteria or provide sufficient information to support the diagnosis is inadequate to determine eligibility for services. You may attach additional sheets wherever necessary.

Please respond to the following:

1. Have you diagnosed the above client with ADHD? NO YES

2. Are you currently treating the above client for ADHD? NO YES

3. Which of the following symptoms of inattention and/or hyperactivity/impulsivity have persisted for at least six (6) months to a degree that is maladaptive and inconsistent with developmental level?

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
often does not seem to listen when spoken to directly
often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
often has difficulty organizing tasks or activities
often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
often loses things necessary for tasks or activities
is easily distracted by extraneous stimuli
is often forgetful in daily activities

Hyperactivity/Impulsivity

Hyperactivity

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults this may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- 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)

4. In which settings is the impairment present? Social
- Academic
- Occupation
- Other

5. Please check factors below (some ADHD related) which would appear to contribute significantly to the client's academic difficulty.

- | | |
|---|---|
| low intellectual ability/function <input type="checkbox"/> | physical health <input type="checkbox"/> |
| learning disability (other than ADHD) <input type="checkbox"/> | substance abuse <input type="checkbox"/> |
| academic skills deficits <input type="checkbox"/> | poor diet <input type="checkbox"/> |
| failure to complete prerequisite course work <input type="checkbox"/> | sleep deficit <input type="checkbox"/> |
| poor study behaviors/habits <input type="checkbox"/> | psychological health <input type="checkbox"/> |
| poor time management <input type="checkbox"/> | financial difficulties <input type="checkbox"/> |
| poor class attendance/participation <input type="checkbox"/> | work responsibilities <input type="checkbox"/> |
| attitude and motivation problems <input type="checkbox"/> | family or social responsibilities .. <input type="checkbox"/> |
| _____ (other) <input type="checkbox"/> | |

6. Please describe in some detail the specific nature of the ADHD (i.e., a disturbance of focused attention, encoding/manipulation, sustained attention, flexibility, or some other aspect of attention). Also describe the results of neurological assessments, if any, which were used to identify deficiencies.

continued ...

7. Please indicate which level best characterizes the severity of the client's attention/concentration deficit. Describe below the evidence (including standardized test data) which led to this conclusion.

- mild _____
- moderate _____
- severe _____

8. Please describe any actual or anticipated effects (positive or negative) of any prescribed ADHD treatment on the identified attention/concentration deficiencies.

9. Please use the space below for any additional comments or recommendations regarding this client.

The Physician/Mental Health Professional who completed this verification form most complete the information below then sign and date this document.

_____ NAME		
_____ PROFESSION		
_____ PROFESSIONAL LICENSE NUMBER	_____ STATE ISSUING LICENSE	
_____ ORGANIZATION	_____ PHONE NUMBER	
_____ STREET ADDRESS		
_____ CITY	_____ STATE	_____ ZIP
_____ SIGNATURE	_____ DATE	

PLEASE RETURN THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

Services for Students with Disabilities
Weber State University
1129 University Circle
Ogden, Utah 84408-1129

Feel free to call WSU Services for Students with Disabilities at 801.626.6413 if you have any questions or concerns. Thank you very much for your time and assistance.