

Disabled Student Resources and Services
1903 W. Michigan Avenue
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Kalamazoo MI 49008-5277

TEL: (269) 387-2116
TTY: (269) 387-2120
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DISABILITY VERIFICATION (ADHD/ADD)

The student named below may be eligible for services offered through this office. In order to provide these services, we must have verification of the student's disability.

Please note: The determination of actual services and accommodations will be made by Disabled Student Resources and Services. Without detailed information, we will not be able to provide academic accommodations to this student

To be completed by STUDENT (please print legibly in ink):

Student's Name: _____		
Last	First	Middle
Student ID#: _____	Date of Birth: _____	
I authorize the release of the information requested below to Disabled Student Resources and Services at Western Michigan University.		
_____		_____
Student's Release Signature		Date

To be completed by a licensed PROFESSIONAL:

1. Diagnosis: _____
2. Multiaxial DSM IV classification(s): _____ _____
3. Level of severity: ____ Mild ____ Moderate ____ Severe
4. Date(s) of diagnosis: _____
5. Date of last office visit: _____ _____
<i>-- please continue on second page --</i>

6. Assessment/evaluation procedures. Attach scores of all tests administered. (If available, please include a psycho-educational evaluation report.). **Without this current, detailed information, the student will not be able to receive academic accommodations.**

7. Relevant background information. **Without this current, detailed information, the student will not be able to receive academic accommodations.**

8. How does the student's disability affect his/her ability to function in an academic environment (e.g. classroom activities, test taking, memory or perception, etc.). **Without this current, detailed information, the student will not be able to receive academic accommodations.**

9. Current prescribed medications related to disability:

Medication	Dose/Frequency	Effects/Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above referenced client/patient has a “physical or mental impairment that substantially limits one or more of the major life activities of such individual” as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient’s disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (PLEASE PRINT): _____

Signature of Professional: _____

License #: _____ Date: _____

Address: _____

Phone #: _____ Fax#: _____

Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

Guidelines for Diagnosing Attention Deficit and/or Attention Deficit Hyperactivity Disorders

Attention Deficit Disorders (ADD) and Attention Deficit Hyperactivity Disorders (ADHD) are diagnosed based on the criteria and psychiatric nomenclature presented in the current version of the Diagnostic and Statistical Manual (DSM). Documentation and verification of the conditions must be presented by a licensed medical professional with training in diagnosing ADD/ADHD or licensed mental health professional including psychiatrists, pediatricians, internists, neurologists, psychologists, certified social workers, and professional counselors.

Clinical guidelines include meeting specific criteria as listed below.

1) Six or more of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level.

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 workplace (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 (such as schoolwork or homework)
- g) often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

Suggested Instruments

Clinical Interview
Wender Utah Rating Scale
Copland Symptom Checklist for Adult Attention Deficit Disorder
Connors Rating Scale – Adult Norms
The Tests of Variables of Attention computer program
Gordon Diagnostic System

2) Six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level.

Hyperactivity

- a) often fidgets with hands 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 of 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

Impulsivity

- g) often blurts out answers before questions have been completed
- h) often has difficulty awaiting turn
- i) often interrupts or intrudes on others (e.g. butts into conversations or games)

Suggested Instruments

- Same as for inattention, but may also include:
 - Continuous Performance Test
 - Wisconsin Card Sorting Task
 - The Weschler Memory Scale

Other Inventories and assessment instruments may also be helpful in determining a diagnosis of ADD/ADHD. Check the DSM manual.