

Office of Learning Assistance
The Collegium
1000 Fisk Avenue
325 649-8620
cjustice@hputx.edu

Verification Form for
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

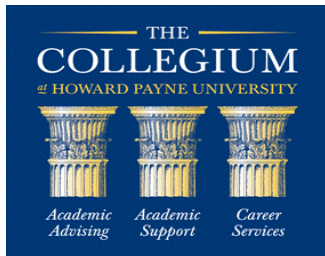
The Office of Learning Assistance at HPU provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendment Act (ADAAA) of 2008. The ADAAA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to receive academic accommodations, the documentation needs to demonstrate functional limitations that will impact an individual in an academic setting.

The Office of Learning Assistance (OLA) requires current, comprehensive documentation of ADHD in order to determine appropriate services and accommodations based on functional limitations that may impact the student in the academic setting. The outline listed below has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining specific and necessary information to evaluate requests for academic assistance based on the ADHD diagnosis.

All parts of this form must be completed as thoroughly as possible. Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to questions on the form must be legible. It is recommended that answers on the form be *typed*; illegible handwriting can delay the eligibility review process since the provider will be contacted for clarification.

The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. All disability documentation needs to be filled out and signed by the appropriate licensed educational, mental health or medical professional who is a certified or licensed practitioner in the area for which the diagnosis is made and **who is not** related to the student.

The provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). *If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form. Please do not provide case notes or ratings scales without a narrative that discusses the results.*



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Student, please sign in the box below giving the health-care provider authorization to release information to the OLA.

I, _____, authorize my health-care provider to release to the OLA
(Print Student's Name)
the medical/psychological information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at Howard Payne University.

Signature of patient: _____ Date: _____
(Student's Signature)

Student Information *Please print legibly or type.*

Name: _____

Student ID: _____

Status: Current Student Transfer
 Prospective Student

Date of Birth: _____

Local Address: _____

City, State, Zip: _____

Local Phone Number: _____

Cell Phone Number: _____

Home Address: _____

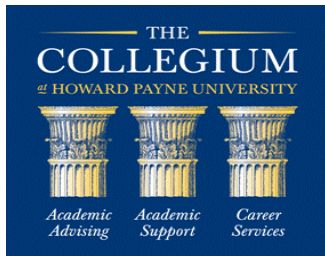
City, State, Zip: _____

Email Address: _____

Provider Information *Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.*

1. DSM-IV diagnosis:

- 314.00
- Predominantly Inattentive
- Predominantly Hyperactive-Impulsive
- 314.01
- 314.9



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2. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Behavioral observations
- Developmental history
- Medical history
- Neuropsychological testing (dates of testing) _____
- Rating scales
- Other (please specify): _____

Please state date of diagnosis: _____

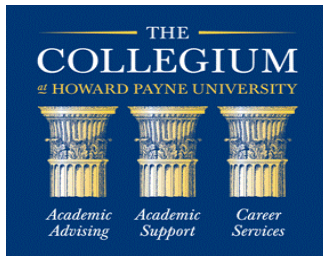
- 3. What is the severity of the condition? Please check one:**
- Mild
 - Moderate
 - Severe

Explain severity:

- 4. State the following:**
- Date of first contact with student: _____
- Date of last contact with student: _____

5. Student's History:

ADHD History: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/teachers. Indicate the ADHD symptoms that were present during early school years. (e.g. *daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.*)

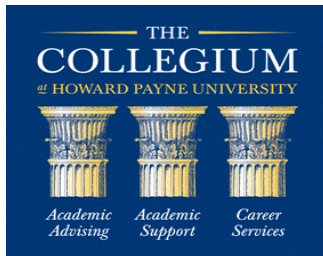


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Psychosocial History: Provide relevant information obtained from the student/parents/guardians regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.)

Pharmacological History: Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past. Also include any current medication(s) that the student is currently prescribed including dosage, frequency of use, the adverse side effects and the effectiveness of the medication.

Educational History: Provide a history of the use of any educational accommodations and services related to this disability.



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6. Student's Current Specific Symptoms

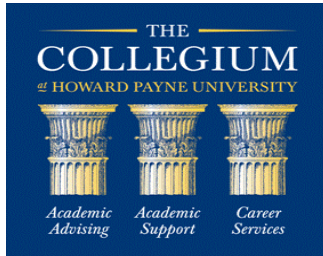
Please check all ADHD symptoms listed in the DSM-IV that the student currently exhibits:

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 or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions).
- Often have difficulty organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to engage in tasks such as schoolwork or homework that requires sustained mental effort.
- Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc).
- Often easily distracted by extraneous stimuli.
- Often forgetful in daily activities.

Hyperactivity:

- Often fidgets with hands or feet or squirms in seat.
- Often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
- 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).
- Often has difficulty playing or engaging in leisure activities that are more sedate.
- Often "on the go" or acts as if "driven by a motor".
- Often talks excessively.



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Impulsivity

- Often blurts out answers before questions have been completed.
- Often has difficulty waiting turns.
- Often interrupts or intrudes on others (e.g. butts into conversations or games).

8. State the student's functional limitations based on the ADHD diagnosis, specifically in a classroom setting.

9. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if note taker is suggested, state the reasons for this request related to the student's diagnosis).

10. If current treatments (e.g. medications, counseling) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

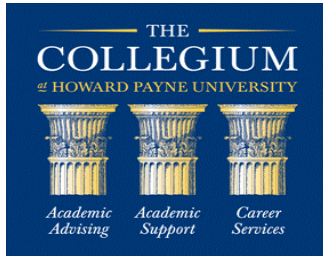
Date: _____

Signature: _____

Provider Name (printed): _____

Title: _____

License Number (if applicable) _____



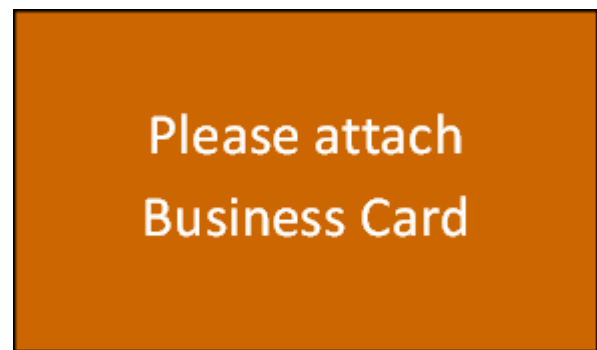
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Address: _____
City, State, Zip _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Return this information to:

The Office of Learning Assistance
Howard Payne University
1000 Fisk Avenue
Brownwood, TX 76801

325.649.8620 phone



Documentation Retention: All submitted materials will be held in the Office of Learning Assistance as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the University is not obligated to produce copies for students. Under the HPU record retention requirements, disability documentation is mandated to be held for only three (3) years after the student has stopped attending Howard Payne University.