



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 ___
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2. Are you currently treating the above client for ADHD?	NO ___	YES ___
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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	
<i>often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities</i>	___
<i>often has difficulty sustaining attention in tasks</i>	___
<i>often does not seem to listen when spoken to directly</i>	___
<i>often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional defiant behavior or failure to understand instructions)</i>	___
<i>often has difficulty organizing tasks or activities</i>	___
<i>often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort</i>	___
<i>often loses things necessary for tasks or activities</i>	___
<i>is easily distracted by extraneous stimuli</i>	___
<i>is often forgetful in daily activities</i>	___

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 _____ | physical health _____ |
| learning disability (other than ADHD) _____ | substance abuse _____ |
| academic skills deficits _____ | poor diet _____ |
| failure to complete prerequisite course work _____ | sleep deficit _____ |
| poor study behaviors/habits _____ | psychological health _____ |
| poor time management _____ | financial difficulties _____ |
| poor class attendance/participation _____ | work responsibilities _____ |
| attitude and motivation problems _____ | family or social responsibilities .. _____ |
| _____ (other) _____ | |

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.

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.