

Disability Support Services  
8000 York Road, Towson, MD 21252  
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[www.towson.edu/dss](http://www.towson.edu/dss)



## **Disability Verification for Students with Attention Deficit/Hyperactivity Disorder (AD/HD)**

The student named on the following page has asked to register with Disability Support Services (DSS) at Towson University.

Under the Americans with Disabilities Act as amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. Federal law defines a disability as a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, concentrating, thinking). To establish disability status and eligibility for accommodations, DSS requires current and comprehensive documentation of the student's impairment. A clinical diagnosis of AD/HD does not automatically qualify a student for accommodations. Disability documentation is reviewed by DSS staff on a case-by-case basis to determine eligibility for services.

Documentation presented must include all information required by the Towson University guidelines for documenting the disability. The guidelines for documenting AD/HD can be found at: <http://www.towson.edu/dss/studentguide/documentationguidelines.asp>. Incomplete information may delay or prevent the student from receiving accommodations.

To help students obtain the needed documentation, their mental health provider may complete the Disability Verification Form for AD/HD. **Please note that the Disability Verification Form is not to be utilized as sole proof of the disability but must be accompanied by a report and interpretation of a valid and reliable measure of AD/HD (as specified in #8 of the Disability Verification Form).**

The evaluation and documentation must be completed by a qualified diagnosing professional. Qualified professionals are defined as licensed mental health professionals. These are: licensed psychologists, psychiatrists, neuropsychologists, licensed professional counselors, or licensed clinical social workers. Primary care or general practice physicians are not considered qualified to complete the evaluation.

DSS has established these requirements to enable the staff to accurately assess the student's needs. Our goal is to ensure equal educational opportunity by providing accommodations and services that will assist the student in meeting the requirements of his or her academic program. In reviewing a specific accommodation requested by the student or recommended by the diagnosing professional, DSS may find that it is not an appropriate accommodation given the requirements of a course or program. In addition, in light of our experience in providing accommodations, DSS may also propose an alternate accommodation that would be appropriate and useful to the student, but which neither the evaluator nor student has requested.

**DISABILITY VERIFICATION FOR STUDENTS WITH AD/HD**

**STUDENT NAME:** \_\_\_\_\_

**TU ID#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT'S EVALUATOR:**

Items 1 through 12 must be completed in full. Professionals conducting the assessment and rendering a diagnosis must be qualified to do so (see previous page for a list of qualified providers). The provider signing this form must be the same person answering the questions below.

**1. What is the student's diagnosis (utilize DSM-IV-TR codes):**

- a.  314.00 Predominantly Inattentive Type
- b.  314.01 Predominantly Hyperactive-Impulsive Type
- c.  314.01 Combined Type
- d.  314.9 Not otherwise specified (NOS)
  
- e. How long has the student had this disorder? \_\_\_\_\_
- f. What is the severity of the disorder?  Mild  Moderate  Severe

Explain the severity checked above:

- g. What is the expected duration?  Chronic  Episodic  Short-term

Explain the duration checked above:

**2. State the following:**

- a. Date of first contact with student: \_\_\_\_\_
- b. Date of last contact with student: \_\_\_\_\_
- c. Date(s) current assessment was completed: \_\_\_\_\_
- d. Frequency of appointments with student (e.g. once per week, twice per month)



- g. Psychosocial History: Provide pertinent information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of educational difficulties, history of social inappropriateness, history of risk-taking or impulsive behaviors, etc.):

4. **Student's Current Symptoms and Concerns:**

- a. Presenting Concerns: Provide information regarding the student's current concerns:

- b. Specific Symptoms:

Please check all AD/HD symptoms listed in the DSM-IV-TR that the student 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 fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- [ ] often has difficulty organizing tasks and activities
- [ ] often avoids, dislikes, or is reluctant to engage in tasks (such a schoolwork or homework) that requires sustained mental effort
- [ ] often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- [ ] is often easily distracted by extraneous stimuli
- [ ] is 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 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)

5. **Provide** information regarding symptoms that cause impairment in two or more settings (e.g., work, home, school).

6. **Describe** the differential diagnoses that were excluded. State the reasons for considering these diagnoses and the reasons for ruling them out.



9. **Provide** information regarding the impact, if any, of the disorder on a specific major life activity (e.g. learning, eating, interacting with others, etc.)

10. **State** the student's functional limitations from the AD/HD, specifically in a classroom or educational setting

11. **State** specific recommendations regarding academic accommodations for this student, and a rationale as to the reason these accommodations are warranted based upon the student's functional limitations (e.g., if a note-taker is suggested, state the reasons for this request related to the student's disability).

The provider must also include any reports that provide additional related information. The provider completing this form cannot be a relative of the student or a primary care or general practice physician. The provider signing this form must be the same person answering the questions on the form above.

**Signature of Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

*(Please Print:)*

**Name/Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_