

**Attention Deficit/Hyperactivity Disorder
Disability Verification**

To be completed by a qualified professional (typically a licensed school or other psychologist, licensed physician, or licensed psychiatrist).

Student Name: _____

Home Address: _____

Telephone/TDD: _____

Students who are requesting support services from the Learning Center at Huntington College are required to submit documentation to verify eligibility under section 504 of the Rehabilitation Act. Eligibility requirements for support services for students with Attention Deficit/Hyperactivity Disorder at Huntington College are:

1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the education setting.

To ensure the provision of reasonable and appropriate services for students with attention deficit/hyperactivity disorder, students needing such services are required to provide current (within the last 3 years) and comprehensive documentation of their disability. This documentation must include information that diagnoses the learning disability, describes the Attention Deficit/Hyperactivity Disorder in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for necessary accommodations. To facilitate the gathering of such critical information, please respond to the following questions.

Please provide the following information:

1. Diagnosis (DSM-IV criteria) _____

2. Level of Severity: (Circle One.) mild moderate severe

3. Date of Diagnosis: _____

 Date of last contact with student: _____

4. What measures were used to assess the following:

Aptitude _____

Achievement _____

Attention_____

Social/Emotional_____

Other_____

(Please attach the diagnostic report.)

5. Provide a summary of the student's educational, medical, and family history that may relate to the attention deficit/hyperactivity disorder (must provide information regarding onset, longevity, and severity of symptoms, as well as specifics related to how it has interfered with educational achievement.) Notations of medications (if any) and dosages must be included.

6. Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset:

7. Describe the student's functional limitations in an education setting.

8. What recommendations do you have regarding effective academic accommodations to equalize the student's educational opportunities at Huntington College? Describe services or accommodations in exam administration, classroom or study activities, or course requirements. (note: These recommendations must be clearly related to the specific diagnosis.)

9. In addition to the diagnostic report, please attach other information relevant to this student's academic adjustment.

Signature: _____

Print name and title: _____

Address: _____

Day Time Telephone Number: _____

Date: _____

Return this information, marked "confidential" to:

Learning Center Director
Huntington College
2303 College Avenue
Huntington, IN 46750

Questions? Contact Kris Chafin
Director of Learning Assistance
(260) 359-4290
kchafin@huntington.edu