



Office of Disability Services

Division of Student Affairs
University of Missouri

S5 Memorial Union
Columbia, MO 65211

PHONE (573) 882-4696
TTY (573) 882-8054
FAX (573) 884-5002
E-MAIL disabilityservices@missouri.edu
<http://disabilityservices.missouri.edu>

ADHD Verification Form

The student named below has requested services from the Office of Disability Services at the University of Missouri. In order to determine eligibility and to provide services we require documentation which provides current information about the student’s diagnosis of ADHD.

Under the ADA (Americans with Disabilities Act) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities may be entitled to reasonable accommodations. A disability is defined as a “physical or mental impairment that substantially limits one or more major life activities.” To establish that an individual is qualified, **documentation must confirm that a specific disability exists** and that the disability requires accommodation. Documentation **must also support the request** for specific accommodations and academic adjustments.

The information you provide will not become part of the student’s educational records. It will be kept in the student’s file at Disability Services, where it will be held strictly confidential. Please attach any additional information you think would be relevant to the student’s need for accommodations. Please contact us if you have questions or concerns. Thank you for your assistance with this process.

Student’s name: _____

Today’s date: _____ **Date of initial diagnosis:** _____

Date of most recent diagnosis_____ **Date student was last seen:** _____

DSM-IV diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Diagnostic Criteria for ADHD from the DSM-IV:

- A. Check either (1) and/or (2)
 - ___ 1. Six (or more) of the symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent for developmental level.
 - ___ 2. Six (or more) of the symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.
- B. ___ Some symptoms were present before age 7
- C. ___ Symptoms must be present across two or more settings (e.g. at school, work, and home)
- D. ___ The disturbance causes clinically significant impairment in social, academic, or occupational functioning
- E. ___ Symptoms do not occur exclusively during the course of PDD, Schizophrenia or other Psychotic Disorder and is not better accounted for by Mood, Anxiety, Dissociative or Personality Disorder.

How did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful.

- Structured or unstructured interviews with person himself or herself.
- Interviews with other persons.
- Behavioral observations.
- Developmental history.
- Educational history.
- Medical history.
- Neuro-psychological testing. Date(s) of testing?
- Psycho-educational testing. Date(s) of testing?
- Rating scales (e.g. CAARS, Brown ADD Scales for Adults)
- Other (please specify).

Please check which of the life activities listed below are affected because of the diagnosis. Indicate the level of limitation.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	DON'T KNOW
Concentrating	_____	_____	_____	_____
Memory	_____	_____	_____	_____
Sleeping	_____	_____	_____	_____
Eating	_____	_____	_____	_____
Social Interactions	_____	_____	_____	_____
Self-care	_____	_____	_____	_____
Managing internal distractions	_____	_____	_____	_____
Managing external distractions	_____	_____	_____	_____
Meeting deadlines	_____	_____	_____	_____
Attending class	_____	_____	_____	_____
Making and keeping appts.	_____	_____	_____	_____
Stress management	_____	_____	_____	_____
Organization	_____	_____	_____	_____
Taking exams	_____	_____	_____	_____

What other specific symptoms might affect the student's academic performance?

What medications is the student currently taking?

How effective is the medication?

How might side-effects, if any, affect the student's academic performance?

Is the student compliant with the prescribed treatment regimen?

What is the student's prognosis?

Is there anything else you think we should know about the student's disability (e.g. any information about the presence and impact of a dual diagnosis)?

What specific academic accommodations would you recommend for this student?

CERTIFYING PROFESSIONAL*

Printed Name: _____

Signature: _____

Address: _____

Telephone: _____ Fax: _____

*Qualified diagnosing professionals include, but are not limited to, licensed psychologists, physicians, psychiatrists and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented medical disorder or condition and follow established practices in the field.