

# OHIO UNIVERSITY

## Disability Services

### VERIFICATION OF ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)

The Office for Institutional Equity at Ohio University provides services and/or accommodations for students diagnosed with Attention Deficit/ Hyperactivity Disorder (ADHD). Services and accommodations are intended to facilitate equal access to educational opportunities. To determine eligibility for services and/or accommodations, current and comprehensive documentation is required from the diagnosing physician, psychiatrist, psychologist, professional clinical counselor, or an independently licensed social worker.

Please complete the following:

Name of Student: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What sources were used to obtain information that verified an ADHD diagnosis? Check all that apply.

- History of presenting symptoms, including impulsive/ hyperactive or symptoms of inattention that substantially impairs functioning in more than one setting
- Academic history of elementary, secondary, and tertiary education. Attach any supporting documentation, e.g. Individualized Education Plan (IEP), 504 Plan, Multi-Factored Evaluation (MFE) teacher reports, etc.
- Family history. Prevalence in the family of ADHD or other related diagnosis.
- Medical/medication history
- History of previous therapy that is relevant to the current diagnosis

Were any instruments or psychometric procedures used in the ADHD diagnosis? Check all that apply. Attach all test scores and subtest scores and reports. Please indicate date of testing and instrument/s used. Report raw scores as standard scores and/or percentiles.

- Neuropsychological testing
- Psycho-educational testing
- DSM-IV diagnosis
- Rating scales
- Checklists
- Other (please specify): \_\_\_\_\_

Is there a DSM IV diagnosis?  Yes  No

If yes, please list primary diagnosis and other related diagnosis/diagnoses (e.g. 314.01 Attention Deficit/Hyperactivity Disorder, Combined Type): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the duration and symptoms that meet the criteria for the above diagnosis/diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current and previous medication relevant to the diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have alternative explanations such as medical disorders, mental and emotional disorders, and non-cognitive factors been ruled out for inattentiveness, impulsivity and/or hyperactivity?  Yes  No

What are your recommendations for reasonable accommodations in an academic setting? Please provide a rationale based on a comprehensive evaluation of the current presenting problems for this student.

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\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Print name, title, and professional credentials*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Telephone (with area code)* *Fax*



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