

ALBION COLLEGE

Verification of ADHD

The Learning Support Center provides services to students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD). To determine eligibility for services, this office requires current and comprehensive documentation of this disorder from the diagnosing physician, psychiatrist, psychologist or social worker.

Today's Date:

Name of Student:

DOB:

DSM Diagnosis:

Date of Diagnosis:

Level of Severity (mild, moderate, severe):

Indicate instruments and/or procedures used in diagnosis. (Please attach a copy of report or evaluation.)

____ **Clinical Interview**

____ **Rating Scales**

____ **Neuropsychological and psycho-educational testing**

____ **Medical evaluation**

____ **Developmental and educational history**

____ **Other** _____

Indicate present symptoms that meet the criteria of ADHD:

Inattention

____ **Fails to give attention to detail; careless mistakes**

____ **Difficulty sustaining attention**

____ **Does not listen when spoken to directly**

____ **Does not follow through on projects and homework**

____ **Difficulty organizing tasks and activities**

____ **Avoids or dislikes tasks requiring sustained mental effort**

____ **Loses things**

____ **Distracted by extraneous stimuli**

____ **Forgetful in daily activities**

Hyperactivity

- Fidgets with hands and feet
- Difficulty remaining seated
- Engages in excessive activity
- Often speaks loudly or excessively
- "On the go" as "driven by a motor"

Impulsivity

- Often blurts out answers
- Difficulty waiting turn
- Interrupts or intrudes

Indicate the student's functional limitations in educational settings. (Indicate presence of issues in time management; organization; distractibility in lectures, reading and studying; recall and writing speed during examinations; reading speed and comprehension; difficulty with task completion; organization, planning and writing of reports, etc.)

Provide recommendations for accommodations at college and rationale based on your knowledge of student.

Indicate additional diagnosis: (i.e. Depression, bipolar, anxiety, learning disabilities)

Please indicate current medications and treatment.

Signature _____ Date _____

Print Name and Title _____

Address _____

Telephone _____ e-mail _____

Return this information to the Learning Support Center, Albion College, Albion Michigan 49224 or fax 517-629-0504.

Release of Information

I, _____, hereby authorize the exchange and release of the information requested in this form to the Learning Support Center of Albion College for the purpose of determining my eligibility for educational accommodation.

date

Student's Signature