

Verification of Attention Deficit/ Hyperactivity Disorder Qualified Professional's Statement



Services for Students with Disabilities

1400 East Hanna Avenue
Schwitzer #206
Indianapolis, Indiana 46227-3697
(317) 788-6153 Fax: (317) 788-6117

Today's Date: _____

Student Name: _____

Home Address: _____

Telephone: _____

The University of Indianapolis student named above is requesting accommodation(s) due to Attention Deficit or Hyperactivity Disorder. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification of the attention deficit/hyperactivity disorder be provided by a qualified professional. In order to be considered current, the qualified professional's statement must be **within 3 years** prior to the date of the student's request for accommodations. The professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed mental health professional or licensed physician.

Under the Americans with Disabilities Act, an individual with a disability means any person whom:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such impairment, whether he/she has the impairment or not.

“Major life activities” includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

The documentation and information provided must include information that diagnoses the AD/HD, describes the AD/HD in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for necessary accommodation(s).

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis, Services for Students with Disabilities, Schwitzer Student Center, Room 206:

Please provide the following information:

Diagnosis (DSM-IV criteria): _____

Level of Severity (Circle one): Mild Moderate Severe

Date of Diagnosis: _____ Date of Last Contact With Student: _____

What measures were used to assess the following (Attach Diagnostic Report):

Cognitive/Aptitude: _____

Achievement: _____

Attention: _____

Social-Emotional: _____

Other: _____

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: _____

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

Describe the student's functional limitations in an educational setting: _____

Describe your recommendations regarding necessary accommodations to equalize the student's educational opportunities. (These recommendations must be clearly related to the specific diagnosis). _____

In addition to the diagnostic report, please attach and describe other information relevant to this student's academic adjustment: _____

Is there any other diagnosis that we need to be aware of: _____

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

Address: _____

Daytime Telephone Number: _____

Return this verification form and attach a copy of the comprehensive diagnostic report marked confidential to:

University of Indianapolis
Services for Students with Disabilities
1400 East Hanna Avenue
Schwitzer #206
Indianapolis, IN 46227

Note: It may be necessary to re-submit documentation for conditions not of a chronic nature.