

Verification of Attention Deficit Hyperactivity Disorder (ADHD)

In order to determine your eligibility for protection under the Americans with Disabilities Act of 1990 as a person with a disability, and subsequently to assist in determining reasonable accommodations in the educational environment, the Office of Disability Services at Lebanon Valley College requires specific information from both you and your physician or mental health provider.

You must sign the following release of information form, giving the Coordinator of Disability Services at LVC permission to speak to your provider if there are questions related to your documentation. You must complete page 1, and your physician or mental health provider must complete all items on pages 2 through 4. The completed verification form (pages 1 – 4) must be returned to the address listed below.

Student completes this section (please print neatly)

Student name: _____

Social Security Number: _____

Birth date: _____ Gender: Male _____ Female _____

Are you currently enrolled at LVC? _____ Current semester standing _____

Home Address: _____

Home Phone #: _____

Local Address: _____

Local Phone #: _____

AUTHORIZATION TO RECEIVE INFORMATION: I authorize the Office of Disability Services of Lebanon Valley College to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the Office of Disability Services.

Name of provider: _____

Address: _____

Phone #: _____

Student Signature: _____ Date: _____

Send documentation to:

Coordinator of Disability Services
Lebanon Valley College
Annville, PA 17003-1400
(FAX: 717 – 867- 6910)

Student's Name: _____

Physician or Mental Health Provider completes the section below:

Lebanon Valley College provides reasonable accommodations and support services to students with diagnosed disabilities. A student's documentation regarding his/her condition must demonstrate that he/she has a disability as defined by the Americans with Disabilities Act of 1990 (ADA). **The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the treating physician, psychiatrist, or psychologist. Specific information concerning the student's condition and its impact on learning must be provided. Items 1 – 8 below must be completed in full. If the space provided is inadequate, please attach a separate sheet of paper. The provider may also attach a recent report providing additional relevant information.

Please respond to the following items regarding the student named above (please print)

1. What is the student's DSM-IV diagnosis? _____

2. State the student's current symptoms of ADHD* (see bottom of page 3, top of page 4).

3. What evidence is there of early impairment (behavior patterns, academic performance in childhood)? _____

4. Describe the severity of the condition and how it substantially limits a major life activity for this student.

5. State the date of your last appointment with this student.

6. Describe the differential diagnosis process that resulted in the diagnosis of ADHD for this student. What conditions were ruled out?

Note that diagnosis of ADHD should not be made based solely on scores derived from IQ tests (e.g., Freedom of Distractibility factor), continuous performance tests, or other standardized instruments. Information from rating scales or psychological tests should be used in conjunction with information obtained through a structured clinical interview to support the clinical hypothesis.

7. Describe relevant psycho-educational or neuropsychological assessments that have been administered to determine the current impact on academic functioning, or to rule in or out a specific learning disability. Indicate whether the student was on medication for symptoms of inattention when such assessments were administered. Provide names of tests administered and a copy of all standard scores and percentiles.

8. Discuss the results of rating scales (e.g., Brown ADD Scales, ADHD-IV rating scale, etc.) that were used as part of the assessment. Provide the name of the instrument(s) used, and a copy of all standard scores and percentiles.

List the student's medication(s) and describe any side effects that may interfere in the learning environment.

*** for individuals 18 years of age or older, the following symptoms, in addition to those set forth by the DSM-IV, qualify as major behaviors:**

- Trouble directing and sustaining attention in conversations, lectures, reading, driving
- Difficulty persisting with and completing projects
- Easily overwhelmed by tasks of daily living, such as managing money, paying bills on time
- Trouble maintaining an organized living / working place.
- Inconsistent work performance

- Lacks attention to detail
- Makes decisions impulsively and does not anticipate consequences
- Impulsivity reflected in frequent moves, job changes, quitting of jobs
- Difficulty delaying gratification, seeks out excessive stimulation
- Restless, fidgety
- Makes statements or comments without considering their impact
- Impatient, easily frustrated
- Multiple traffic violations such as speeding, running stop signs

The provider completing this form must fill out the following additional information:

Name/Title of provider: _____

Signature of provider: _____

Address:

Phone Number: _____

License #: _____ State: _____

Today's date: _____

Please provide a statement describing your professional training in the assessment of ADHD.

