



Disability Support Services ♦ 10901 Little Patuxent Parkway ♦ Columbia, MD
21044 Tel: 443.518.1300 ♦ Fax: 443.518.4499

**DISABILITY VERIFICATION FOR STUDENTS WITH
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

The student named below has asked to register with Disability Support Services (DSS) at Howard Community College. DSS requires documentation of the student's disability in order to establish eligibility and provide services.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and academic adjustments.

After completing this form, please fax or email it to the DSS fax number or email address listed above. The information you provide will not become a part of the student's educational records but will be kept in the student's file at DSS where it will be kept confidential. Please contact DSS if you have questions or concerns. Thank you for your assistance.

ITEMS 1-4 TO BE COMPLETED BY STUDENT:

1. Name of Student: _____
2. Student Date of Birth: _____
3. Today's Date: _____
4. Student Signature: _____

ITEMS 5-16 TO BE COMPLETED BY CERTIFYING PROFESSIONAL:

5. Date of Diagnosis: _____
6. Date Student Was Last Seen: _____
7. DSM-5 Diagnoses & ICD Codes:

8. In addition to DSM-5 criteria, how did you arrive at your diagnosis? Please check all relevant items below; adding any comments that you think would be helpful to us as we determine appropriate accommodations and services for this student.

- | | |
|--|--|
| <input type="checkbox"/> Interview with the person him/herself | <input type="checkbox"/> Neuro-psychological testing |
| <input type="checkbox"/> Interview with other persons | <input type="checkbox"/> Psycho-educational testing* |
| <input type="checkbox"/> Behavioral observations | <input type="checkbox"/> Educational testing* |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Rating scales |
| <input type="checkbox"/> Educational history | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medical history | |

Comments:

****Please attach copies of testing reports if available.***

Note that psychological and/or educational testing, which may not have been part of the diagnostic process, may be needed by DSS to determine appropriate accommodations for a student with ADHD.

9. Are there any coexisting conditions, including medical disabilities and/or learning disabilities that should be considered when providing accommodations?

10. Which major life activities and academic functions are affected to a substantial degree because of the disability?

- | | |
|--|--|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Test-taking |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Regular class attendance |
| <input type="checkbox"/> Organization/Managing deadlines | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Focusing or concentrating | <input type="checkbox"/> Classroom group functioning |
| <input type="checkbox"/> Attention to details | <input type="checkbox"/> Social interactions |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Excessive talking |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Fidgeting/unable to remain seated |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Other (please specify _____) |

11. Because ADHD is by definition first exhibited in childhood and manifests itself in more than one setting, please specify the historical and academic information gathered to support the diagnosis.
12. What specific symptoms might be currently affecting the student's academic performance?
13. What medications is the student currently taking? Do limitations persist, even with medication? How might side effects, if any, affect the student's academic performance?
14. Please indicate your recommendations regarding academic accommodations and accompanying justifications for this student. (e.g., note-takers, extended time for test, etc.)

Accommodations	Justification

15. What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by the disability?

16. CERTIFYING PROFESSIONAL*:

Printed Name/Degree/Field: _____

Signature: _____ Date: _____

License Number: _____ Telephone: _____ Fax: _____

Address: _____
Street City State Zip

**Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social workers, and in some instances general practice physicians.*