

University of Nevada, Las Vegas
Disability Resource Center
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ADHD Verification Form

To be completed by Psychiatrist/Psychologist/or Diagnosing Physician

The Disability Resource Center (DRC) provides academic services and accommodations for students with diagnosed disabilities. It is the student's responsibility to provide documentation that identifies a diagnosed disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990.

DRC requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

- The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.
- Forms must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay processing and result in follow up contact with the healthcare professional.
- The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). **If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form.**
- Please do not provide case notes or rating scales without a narrative that explains the results.
- In addition to the requested information, please attach any other information you think would be relevant to the student's need for academic adjustments.
- Complete the Healthcare Provider Information section on the last page and mail or fax it to the address provided above.
- If you have questions regarding this form, please call the DRC office at 702-895-0866.

**This document was adapted with permission from Office for Disability Services, The Ohio State University.*

STUDENT SIGNED CONSENT FOR RELEASE OF INFORMATION
(Print or Type)

Name (Last, First, Middle): _____

Date of Birth: _____ NSHE: _____

Status (check one): Current UNLV student
 Transfer student
 Prospective student

Local phone: (_____-)_____-_____

Cell phone: (_____-)_____-_____

UNLV E-Mail address: _____

Personal E-mail address: _____(for non-admitted students)

I hereby authorize my Healthcare Provider to release information requested in this document and further authorize DRC to communicate with the named individual or agency identified below to obtain clarification as needed to determine my eligibility for disability services at UNLV. This authorization is valid for 6 months.

Student
Signature _____ Date: _____

Parent Signature
(If student is under 18): _____ Date: _____

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. ADHD DSM-V diagnosis:

Associated Conditions

- Combined
- Predominantly Inattentive
- Predominantly Hyperactive/Impulsive
- Other Specified ADHD
- Unspecified ADHD

DSM-V Diagnosis (please indicate DX, with any applicable subtype(s) and additional specifiers):

2. In addition to DSM-V criteria, how did you arrive at your diagnosis?

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Neuropsychological testing (dates of testing) _____
(Please attach diagnostic report of testing) _____
- Other (Please specify) _____

3. Please state date of diagnosis: _____

4. What is the severity of the condition? Please check one:

- mild moderate severe

Explain severity:

5. Student's History:

a) ADHD History: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Indicate the ADHD symptoms that were present during early school years.

b) Pharmacological History: Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past.

c) Educational History: Provide a history of the use of any educational accommodations and services related to this disability.

6. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-IV that the student *currently* exhibits:

Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- often has difficulty sustaining attention in tasks or play activities.
- often does not seem to listen when spoken to directly.
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- often has difficulty organizing tasks and activities.
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
- often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- is often easily distracted by extraneous stimuli.
- often forgetful in daily activities.

Hyperactivity:

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- often has difficulty playing or engaging in leisure activities that are more sedate.
- is often "on the go" or often acts as if "driven by a motor".
- often talks excessively.
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Impulsivity

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g. butts into conversations or games).

7. State the student's *functional limitations* based on the ADHD diagnosis, specifically in a classroom or educational setting.

8. Is the student taking medication(s) for his/her disability? Please indicate the medications currently used, dosages, effect on academic functioning, and side effects.

9. Do limitations/symptoms persist even with medications? Please describe.

HEALTHCARE PROVIDER INFORMATION

Provider Signature: _____ **Date:** _____

Provider Name (Print): _____

Title: _____ **License or Certification #:** _____

Address: _____

Phone Number: (____) - ____ - _____

FAX Number: (____) - ____ - _____

The information you provide will *not* become part of the student's academic records, but it will be kept in the student's file at DRC, where it will be held strictly confidential. Files are purged after 7 years in compliance with state requirements. This form may be released to the student at his/her request.