LOUISBURG COLLEGE

DISABILITY VERIFICATION FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. This documentation should provide information regarding the onset, longevity and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments of current cognitive processing and educational achievement are necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be determined from the specific information provided.

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RELEASE OF INFORMATION

I, _____, hereby authorize the release of the following information to The Office of Learning Support and Disability Services at Louisburg College for the purpose of determining my eligibility for educational accommodations and/or entrance into the Learning Partners Program.

_____ _____
Date Student's Signature

****

Diagnostic code (ICD or DSM-IV)_____

Level of Severity:_____

Date of Diagnosis:_____

Date of last visit:_____

FUNCTIONAL LIMITATIONS:

Check the major life activities with which this condition interferes:

___Breathing ___Caring for self ___Hearing ___Learning ___Performing manual task
___Seeing ___Walking ___Working _____Other

Please check off the appropriate diagnostic criteria for AD/HD

___A. Either Inattention or Hyperactivity-Impulsivity
(1) Inattention
____a) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
____b) often has difficulty sustaining attention in tasks or play activities
____c) often does not seem to listen when spoken to directly
____d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the work place (not due to oppositional behavior or failure to understand instructions)
____e) often has difficulty organizing tasks and activities
____f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
____g) often loses things necessary for tasks or activities
____h) is often easily distracted by extraneous stimuli
____i) is often forgetful in daily activities

(2) Hyperactivity-Impulsivity

____a) often fidgets with hands or feet or squirms in seat
____b) often leaves seat in classroom or in other situations in which remaining seated is expected
____c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness)
____d) often has difficulty playing or engaging in leisure activities quietly
____e) is often "on the go" or often acts as if "driven by a motor"
____f) often talks excessively
____g) often blurts out answers before questions have been completed
____h) often has difficulty waiting turn
____i) often interrupts or intrudes on others

___ B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

___ C. Some impairment from the symptoms is present in two or more settings.

___ D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

___ E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.

How does the condition(s) affect the student in the activities required in an academic environment? Describe below the substantial functional **limitations** and/or behavioral manifestations(*e.g., easily distracted, poor concentration, difficulty focusing for extended period of time, difficulty formulating and executing plan of action, difficulty with task management, easily agitated and frustrated with people and situations)* and your recommended reasonable accommodations: (*e.g., extended time, separate testing area, note takers, priority registration, etc.*)

Diagnosis	Substantial Functional Limitations	Reasonable Accommodation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any indication that this student may have an additional diagnosis like depression, anxiety, etc.?
_____

Have you recommended any type of therapy?_____

Please include and attach any information you have on learning disability testing, intellectual functioning, and/or academic problems that you feel we should be aware of in order to help this student.

Was medication prescribed?_____ If yes, what?_____

Dosing schedule:_____

Frequency of monitoring:_____

Response to medication:_____

Will client be obtaining prescriptions from you during the academic year (circle one)? YES NO

Is the student complying with medicine or other treatment recommendations for AD/HD and other comborbid diagnoses?

Circle one. YES NO If no, please explain your answer in detail.

_____

_____

_____

_____

_____

Thank you for your help in providing this information so that we may begin providing services as soon as possible. **Please mail this form to the address shown below or have the client return it to our office in a signed and sealed envelope. PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.**

Provider's name_____Phone _____

My Specialty is (List your specialty on the line following your classification)

MD _____

Psychiatrist_____

Other_____

Address _____
Street City State Zip

Signature_____Date_____

Mail to: **Karen Martin**
Director of Learning Support & Disability Services
Louisburg College
501 N. Main Street
Louisburg, NC 27549
Call : 919-497- 3236

FAX: 919/497-6733