



DISABILITY VERIFICATION FORM
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
ATTENTION DEFICIT DISORDER (ADD)

Department of Accessibility Services

1946 Starvine Way, Suite 310

Decatur, GA 30033

Main line: 404-727-9877 Fax: 404-727-1126 accessibility@emory.edu

To be completed by diagnosing professional

The following student _____ has asked to register with the Department of Accessibility Services at Emory University. DAS requires documentation of the student’s disability in order to establish eligibility and provide appropriate services.

Under the Americans with Disabilities Act (ADA) 1990 and Section 504 of the Rehabilitation Act of 1973, students are protected from discrimination and may be entitled to reasonable accommodations. In compliance with the requirements set forth, this form is to verify that a disability exists and accompanying the disability are functional limitations. 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/ or services.

The information you provide will not become a part of the student’s academic records but will be kept confidential and placed into the student’s file at DAS. Indicated by the signature below, the student has given permission to release information to Emory University.

Signature of student _____

Date _____

After completing this form, please mail or fax the form to the address above. If you have any questions regarding the nature of the information requested on this form, please feel free to contact DAS at 404-727-9877. Thank you for your assistance.

1. DSM-IV/V Diagnosis (apply Axis ratings where applicable):



Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Date of initial Diagnosis: _____

Last contact with student: _____

2. Basis on which diagnosis was made: Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

Table with 2 columns: Criteria, Additional Notes. Rows include: Structured or unstructured interviews with the student, Interviews with other persons, Behavioral observations, Developmental history, Educational history, Medical history, Neuro-psychological testing, Psycho-educational testing, Standardized or nonstandardized rating scales, Other (Please specify).

Please include and/or attach copies of testing reports and scores used to support the diagnosis.

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



4. Is the student currently on medication? _____ Describe medication(s), (date(s) prescribed.

† How might side effects, if any, affect the student’s academic performance?

5. Please provide specific information about the academic limitations and severity of symptoms this student encounters as a result of his/her ADHD.

| Life Activity | No Impact | Moderate Impact | Severe Impact | Don't KNOW |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concentration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Activation/initiating to work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sustained focus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely submission of assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing internal distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing external distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific academic topics: | | | | |
| • Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other (please describe): | | | | |

6. Do you have any recommendations regarding effective academic accommodations for the student while attending Emory? (e.g., note-takers, extended time for test)

CERTIFYING PROFESSIONAL:

Printed Name and Title: _____



EMORY
UNIVERSITY

Accessibility Services
Office of Institutional
Equity and Compliance

Licensure/Certification and #: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Number of years working with adult college students: _____