



DIVISION OF  
**STUDENT AFFAIRS**  
COUNSELING CENTER

Disability Support Service  
0106 Shoemaker Building  
4281 Chapel Lane  
College Park, Maryland 20742  
301.314.7682 TEL  
301.405.0813 FAX

## VERIFICATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) FOR ACCOMMODATIONS

The student named below has applied for services from the Disability Support Service (DSS) at the University of Maryland College Park. In order to determine eligibility and to provide any requested services, we require documentation of the student's ADHD diagnosis.

Under the Americans with Disabilities Act (Amendments Act) of 1990(2008) 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 an ADHD diagnosis has been established and that the functional limitations of the diagnosis substantially **limits six (6) or more of the DSM-V symptoms** under Inattention, Hyperactivity and Impulsivity. The identified symptoms must have been **present for at least six (6) months** to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities (DSM-V, p 59-60). A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

- This form must be completed by a **qualified evaluator**. A qualified evaluator must be licensed to provide clinical services and have received comprehensive training in the **differential diagnosis of ADHD** with adolescents and adults.
- The evaluator cannot be a relative of the student or a close family friend.
- This form and assessment should reflect the student's **current level** of symptoms impacting academic functioning. Therefore, the assessment should focus on the impact of symptoms within the last **three to five** years.
- Please provide a **rationale** for each recommendation.

After completing this form, please mail or FAX it to us. The information you provide will *not* become part of the student's educational records (i.e academic transcripts), but will be kept in the student's file at DSS, where it will be held strictly confidential. However, this form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student Name (print above)

Student Date of Birth (print above)

Student's Sex:    Male        Female        Trans/male        Trans/female

Other:

The provider signing this form must be the same person answering the questions below.  
Student's Name:

Today's Date:

Date of initial Diagnosis:

**DSM-V Diagnosis:**

- 314.01 Combined Presentation**
- 314.00 Predominantly Inattentive Presentation**
- 314.01 Predominantly Hyperactive/impulsive Presentation**
- 314.01 Unspecified Attention-Deficit/Hyperactivity Disorder**

**Specify current severity:**

- Mild**
- Moderate**
- Severe**

**Explain the severity checked above:**

**Additional Diagnosis (es)/Comorbidities:**

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**Please check the specific symptoms student is experiencing (based on DSM-V criteria):**

**Hyperactivity and impulsivity:**

- Often fidgets with or taps hands or feet or squirms in seat.
- Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
- Often runs about or climbs in situations where it is inappropriate. (May be limited to feeling restless.)
- Often unable to play or engage in leisure activities quietly.
- Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, may be experienced by others as being restless or difficult to keep up with).
- Often talks excessively.
- Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- Often has difficulty waiting his or her turn (e.g., while waiting in line).
- Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; intrude into or take over what others are doing).

**Student's Name:**

**Inattention:**

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- Often has difficulty sustaining attention in tasks (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; preparing reports, completing forms, reviewing lengthy papers).
- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted by extraneous stimuli (may include unrelated thoughts).
- Is often forgetful in daily activities (e.g., doing chores, running errands, returning calls, paying bills, keeping appointments).

**How long has the student presented with the current symptoms?**

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

- Structured or unstructured interviews with the person himself or herself
- Interviews with other persons
- Behavioral observations
- Developmental History
- Educational history
- Medical history
- Testing (attach a copy of the report). Dates and type of testing:





**Student's Name:**

**Level of Impact:**

Identify the level of impact the student's ADHD has on major life activities and learning by circling the numbers below.

1= Unable to Determine 2= No Impact 3= Mild Impact 4= Moderate Impact  
5= Substantial Impact

Major Life Activities	1	2	3	4	5		Learning	1	2	3	4	5
Maintaining appropriate hygiene	1	2	3	4	5		Memory	1	2	3	4	5
Talking	1	2	3	4	5		Concentrating	1	2	3	4	5
Hearing	1	2	3	4	5		Organizing/Prioritizing/ Planning	1	2	3	4	5
Listening	1	2	3	4	5		Managing external distractions	1	2	3	4	5
Seeing	1	2	3	4	5		Managing internal distractions	1	2	3	4	5
Breathing	1	2	3	4	5		Timely submission of assignments	1	2	3	4	5
Sitting	1	2	3	4	5		Attending classes and appointments as scheduled	1	2	3	4	5
Walking	1	2	3	4	5		Managing Deadlines	1	2	3	4	5
Standing	1	2	3	4	5		Collaborating with classmates on group projects	1	2	3	4	5
Eating	1	2	3	4	5		Managing stress	1	2	3	4	5
Sleeping	1	2	3	4	5		Reading	1	2	3	4	5
Performing Manual tasks	1	2	3	4	5		Writing	1	2	3	4	5
Lifting /Carrying	1	2	3	4	5		Spelling	1	2	3	4	5
Interacting with others	1	2	3	4	5		Test Taking	1	2	3	4	5
							Processing Speed	1	2	3	4	5

**Student's Name:**

**Academic Accommodations:**

Please indicate the **academic accommodations** needed based on medical necessity (e.g. note takers, extended time for tests, large print, etc.).

**Please provide a rationale for each recommended accommodation.**

Recommended Accommodation	Justification

**Student's Name:**

**Student Prognosis:**

What is the student's prognosis?

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**ADHD Rating Scales:**

Information provided within this document must be from a current objective measure of attention and distractibility. A minimum of one of the following assessments must accompany this form: Connor's Continuous Performance Task (CPT), the Test of Variables of Attention (TOVA), or the Behavioral Assessment System for Children-2 (BACS-2). The following self-reports, and/or observer reports are also acceptable: Conner's Adult AD/HD Rating Scale (CAARS), the long version of the self-report form, CAARS-L; the observer form, CAARS-O:L; or the Brown Attention Deficit Scale.

**\*\* Please note raw scores alone are NOT acceptable. Measures must be accompanied by an interpretive report. \*\***



## CERTIFYING PROFESSIONAL \*

### Signature of Provider:

#### PRINT

Name:

Degree:

Field:

License Number:

State:

Address:

Telephone:

Fax:

**\*Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social workers, in addition to, marriage and family therapists. The diagnosing professional must have expertise in the differential diagnosis of ADHD and follow established practices in the field. The provider completing this form cannot be a relative of the student, a friend of the student's family, or a primary care or general practice physician. The provider signing this form must be the same person answering the questions above.\***

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\*\*\* This Form was adapted from the following Sources: University of California, Berkeley - Disabled Students' Program Certification of Psychological Disability, v. 2/02, Towson University – Disability Support Services' Disability Verification for Students with Mental Health Disabilities Including ADHD and Disability Verification For Students with AD/HD; ETS Documentation Guidelines for ADHD Quick Reference Guide; Montgomery College- Disability Support Services, Verification of ADD/ADHD; DSM-V Attention-Deficit/Hyperactivity Disorder Diagnostic Criteria \*\*\*  
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