ADHD DISABILITY VERTIFICATION FORM

To be completed by school personnel (school psychologist/special educator)

Eligibility requirements for support services for students with Attention Deficit/Hyperactivity Disorder:
1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provisions of reasonable and appropriate services for students with Attention Deficit/Hyperactivity Disorder at Northern Vermont University, students needing such services are required to provide current and comprehensive documentation of their disability. This documentation should include information on the diagnosis, describe the attention difficulties and the functional limitations in an educational setting, indicate the severity and longevity of the condition, and offer recommendations for treatment. To facilitate the gathering of such critical information, we ask that you respond to the following questions.

Please provide the following information about:_____
STUDENT NAME

student's date of birth: _____

1. Has this student been identified and/or served as a student with disabilities in your school/school district?

2. Name of psychiatrist/psychologist/diagnosing physician who made the ADHD diagnosis:
_____

3. Date of diagnosis: _____

4. Procedures used to assess/diagnose ADHD:
_____
_____
_____
_____

5. Level of Severity: Mild _____   Moderate _____   Severe _____

_____
Northern Vermont University Coordinators of Disability Services

Johnson Campus	Lyndon Campus
Michele Feiner	Mary Etter
Michele.Feiner@NorthernVermont.edu	Mary.Etter@NorthernVermont.edu
802.635.1264	802.626.6210

6. Please provide a summary of the information in student's records describing any difficulties Student has with attention, concentration, over-anxiety and organization and the dates these difficulties were first observed.

_____
_____
_____
_____

7. How has student's ADHD interfered with his/her academic achievement?

_____
_____
_____
_____

8. What services including accommodations (exam modifications, academic adjustments, tutoring, auxiliary aids, etc.) has student received for student's attention difficulties in your school/school district?

    a. Accommodations:_____

    b. Tutoring (type, frequency):_____

    c. Other, please describe:

_____
_____
_____

9. What, if any, medication has been prescribed to treat student's ADHD?

_____
_____
_____

_____
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10. What accommodations and services do you recommend for student at the post-secondary level?

_____
_____
_____
_____

Please attach diagnostic/educational evaluation and scores as well as any other information that would be helpful for student's success.

X_____
  Signature of school personnel

Print name and title: _____

Address:_____

Telephone:_____ Email:_____

Please return this form to the coordinator of disability services on your campus.