

Verification Form for Students With Attention Deficit/Hyperactivity Disorder

Students requesting support services under laws pertaining to non-discrimination and equal access for individuals with disabilities such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 are required to submit documentation to verify their eligibility for services and accommodations. This documentation must indicate evidence that the disability substantially limits a major life activity such as learning. The provision of "all reasonable accommodations" is based on the current impact of the disability on academic performance. Thorough documentation is needed to help determine the reasonable and appropriate accommodations that the student is qualified to receive. Therefore, it is in the student's best interest to provide recent and appropriate documentation.

The Center for Learning and Adaptive Student Services (CLASS) at Augsburg College strives to ensure that qualified students with attention deficit/hyperactivity disabilities are accommodated. It should be noted that academic accommodations are intended to ensure access to educational opportunities for students with disabilities. The mandate to provide reasonable accommodations does not extend to adjustments that would "fundamentally alter" the nature of the course, course components, or course requirements.

To insure the provision of reasonable and appropriate services for students with attention deficit/hyperactivity disorder, students are required to provide current (within the last 3 years) documentation of disability. CLASS requires that the following form be completed by a qualified professional who has first-hand knowledge of the student's condition and is an impartial individual not related to the student.

Student Information (This section is to be completed by the student)

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone _____

Professional Information (This section is to be completed by a qualified Professional)

Date of Completion of Form ____/____/____

Name of Certifying Professional

Name of Agency

Address

City _____ State _____ Zip Code

Phone _____ Fax

Professional Title

License/Certification Number and Issuing State

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____

Diagnostic Assessment

Please attach a copy of any diagnostic report, psychoeducational assessment or neuropsychological evaluation associated with this case.

Diagnosis (with DSM IV Code)

Date of Diagnosis: ____/____/____

Diagnostic Information

Please list the DSM-IV diagnostic criteria that were identified as present in this case.

Age at onset of symptoms:

Please describe the settings in which these symptoms have been most evident.

Treatment Information

Medications

Current medication(s) including dosage, effectiveness and side effects

Current compliance with medication plan

Educational and Behavioral Interventions

Please describe academic interventions, coaching support or other behavioral programs that have been made available and their level of effectiveness

Impact of Condition on Educational Success

Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate severity of these limitations

Suggested Accommodations

NOTE: Final determination of appropriate accommodations will be determined by CLASS in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.

Extended time for exams _____ Yes _____ No
Why?

Quiet room in which to take exams _____ Yes _____ No
Why?

Other accommodations (Please specify) _____ Yes _____ No
Why?

Thank you for your assistance in completing this form

If you have any questions regarding the nature of this information needed for students with disabilities, please call the Center for Learning and Adaptive Student Services at (612) 330-1053, Mon. through Fri. from 8:00 A.M. to 5:00 P.M. This form should be returned to Augsburg College, 2211 Riverside Ave., CB # 57, Minneapolis, MN 55454.

This document may not be released without written permission from the student or by order of a court. It will be destroyed three years after the student is no longer enrolled. The student will have access to this document but you may specify that this access be given only when a person qualified to explain the document is available.