

NC STATE UNIVERSITY

An Equal Opportunity/Affirmative Action Employer

Office for Equal Opportunity

**DISABILITY VERIFICATION FOR
ATTENTION DEFICIT /HYPERACTIVITY DISORDER**
(Also commonly referred to as Attention Deficit Disorder or ADD)

Disability Services Office
Student Health Center Building
2815 Cates Ave., Suite 1900
Campus Box 7509
Raleigh, NC 27695-7509

919.515.7653 (voice)
919.515.8830 (TTY)
919.513.2840 (fax)

www.ncsu.edu/dso

Students requesting accommodations at NC State University are required to provide current documentation. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice. Eligibility is based upon documented clinical data not simply on self-report or evidence of a diagnosis. As the diagnosing professional, please fully complete all sections of this form and narrative. Additional reports or information can be attached, if appropriate. Assessment, on which the documentation is based, must have been completed no more than one year prior to the student's application for academic assistance to be considered current.

Please note: All documentation must include a specific diagnosis of AD/HD and provide the evidence used to meet the criteria listed below. It is important for all evaluations to state clearly how AD/HD functionally impacts the student's life across settings and creates a substantial limitation in learning. A clear rationale must be provided as to why specific accommodations are needed to mediate the impact of AD/HD.

All information you provide may be shared with this student unless clearly marked otherwise. Thank you for your assistance.

ONLY TO BE COMPLETED BY THE DIAGNOSING PROFESSIONAL

Student's name: _____

Date of Birth: _____

Diagnostic code (ICD or DSM- IV, DSM-IV-TR): _____

Level of Severity: _____

Date of Diagnosis: _____

Date of last visit: _____

FUNCTIONAL LIMITATIONS:

Check the major life activities with which this condition interferes.

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Performing Manual Tasks |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Caring for Self |
| <input type="checkbox"/> Working | <input type="checkbox"/> Learning | <input type="checkbox"/> Other, please list _____ |

If you checked "learning" as an affected major life activity, please provide more detailed information by checking all components of "learning" that are substantially affected:

- | | | | | |
|-------------------------|--|--|--|---|
| ___ Engagement: | <input type="checkbox"/> attending | <input type="checkbox"/> concentrating | <input type="checkbox"/> demonstrating | <input type="checkbox"/> reading |
| | <input type="checkbox"/> thinking | <input type="checkbox"/> writing | <input type="checkbox"/> accessing prior knowledge | |
| ___ Exploration: | <input type="checkbox"/> answering | <input type="checkbox"/> decision making | <input type="checkbox"/> investigating | <input type="checkbox"/> organizing |
| | <input type="checkbox"/> performing | <input type="checkbox"/> planning | <input type="checkbox"/> problem solving | |
| ___ Explanation: | <input type="checkbox"/> analyzing | <input type="checkbox"/> discussing | <input type="checkbox"/> reflecting | <input type="checkbox"/> supporting with evidence |
| ___ Extension: | <input type="checkbox"/> applying understanding to the real world | <input type="checkbox"/> expanding understanding | | |
| ___ Evaluation: | <input type="checkbox"/> demonstrating knowledge on instructor generated scoring tools | | | |

***PLEASE INDICATE EACH DSM-IV CRITERION THAT IS APPLICABLE TO THIS STUDENT.**

Developmental history, that is documented using independent sources, of appropriate symptoms and problem behaviors across multiple settings. Possible data sources: past evaluations, school records, teacher report.

Cite evidence obtained and its source:

Documentation of current symptoms that meet diagnostic criteria. Possible data sources: clinical interview, behavior rating scales, standardized tests.

Cite evidence obtained and its source:

Documentation of both childhood and current adult behavior on rating scales on AD/HD symptoms that have appropriate age norms. Possible data sources: norms-based behavior rating scales.

Cite evidence obtained and its source:

Corroboration of current AD/HD symptoms across multiple settings by two independent observers with knowledge of the student's functioning. Possible data sources: parent, spouse, teacher, supervisor, coworker, relative, and/or clinician observation.

Cite evidence obtained and its source:

Clear evidence and documentation of interference with developmentally appropriate academic, social, or vocational functioning.

Cite evidence obtained and its source:

All other psychiatric or medical disorders which may cause problems with inattention are differentially evaluated, documented, and considered in the differential diagnosis. This is particularly important when mood, anxiety, or substance abuse disorders are involved. Other causes of problems with attention and concentration must be considered and discussed (e.g., test anxiety). A positive response to medication is not by itself considered diagnostic.

Cite evidence obtained and its source:

WRITTEN NARRATIVE (An evaluation report that includes the information requested below can serve as the written narrative.)

A written narrative (signed, dated and on official letterhead) must be submitted with the "Documentation of Disability" form. Please be sure to include information specific to this student and not a generic statement concerning the diagnosis of AD/HD. This written report can be brief but must adequately support each accommodation recommended and must include:

1. What procedures were used to assess/diagnose the impairment (include test instruments, subtest scores, etc);
2. A full description of the current difficulties and functional limitations in an educational setting;
3. Whether or not accommodations will be needed when utilizing medication or other corrective measures;
4. Activities or situations that should be avoided or would present a current significant risk of serious injury or death for this student or others;
5. Whether this student is currently a danger to himself / herself or others (Explain);
6. A clear and convincing rationale for each requested accommodation based on the degree of impact of the impairment and the resulting functional limitations.

Thank you for your help in providing this information so that we may begin providing services as soon as possible. **Please mail the signed original form or, to avoid delay, fax us a copy. Faxed forms must be followed by a mailed original copy. PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.**

Name _____

Title _____

Business Address _____

Phone _____

Fax _____

E-Mail _____

Professional Credentials _____

License / Certification number _____

Area of Specialization _____

State / Province of Licensure / Certification _____

Signature _____

Date _____