



DISABILITY VERIFICATION
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Please read the following prior to completing this form:

Student Accessibility Services at Kent State University provides support services to students with diagnosed disabilities, including AD/HD. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires **current**, *within the past 2 years*, and **comprehensive** documentation of the disorder from a qualified healthcare professional, typically **a licensed psychiatrist or psychologist, or a member of a medical specialty**. Please thoroughly complete this form, attach a copy of the diagnostic report, and send or fax it to SAS. Thank you for your assistance.

**NOTE: Student Accessibility Services (SAS) reserves the right to make appropriate modifications to the above time frame required for current documentation when necessary.*

For any additional information about SAS please visit: www.kent.edu/sas

Please provide information about (student name): _____

1. DSM-IV diagnosis & code: _____

2. Level of Severity: (circle one): mild moderate severe

3. Date of Diagnosis: _____

Last contact with student: _____

4. Please **indicate the instruments used** to obtain this diagnosis (at least one instrument from the first three categories is required; the fourth category is optional). **Please attach a copy of the diagnostic report:**

Cognitive: WAIS-III WAIS-IV Stanford Binet Intelligence Scales

Attention: Digit symbol Coding Stroop Color & Word Test

Continuous Performance Test Ruff 2/7 Test

Trail Making Test A & B

Other (please indicate what assessment was used) _____

Self-Report Brown ADD Scale Wender-Utah Rating Scale

Measures: ASRS Conners' Rating Scale

Optional MMPI-2 or MMPI-2-RF State-Trait Anxiety Inventory

Measures: Beck Depression Inventory-II Other (please identify) _____

5. Describe relevant information obtained from your clinical interview with the student:
(a) **AD/HD History** – evidence of symptoms during childhood, and/or evidence of inattentive or hyperactive-impulsive behavior that has significantly impaired functioning over time

(b) **Medical History** – relevant medical history including current medication(s), dosage, frequency of use and side effects

(c) **Educational/Academic History** – relevant information as to academic difficulties or successes during student’s elementary, secondary or post-secondary education

6. Does this condition cause **substantial limitations to the student’s learning** in their academic environment? NO YES (if yes, please describe):

7. List any **recommendations for accommodations** in an academic setting you have for this student:

8. Please feel free to attach additional information describing specific concerns you may have, or ways that we may be of further assistance to this student.

Signature: _____ Date: _____

Printed Name and Title: _____

Address: _____

Phone: () _____ E-mail address: _____

Please return this form with an accompanying diagnostic report to:

Student Accessibility Services • Kent State University • Ground Floor, DeWeese Center • Kent, OH 44242-0001
phone: (330) 672-3391 **fax:** (330) 672-3763 **e-mail:** sas@kent.edu