



**Disability Services for Students**

275 Eastland Road

Berea, Ohio 44017

[www.bw.edu/DisabilityServices](http://www.bw.edu/DisabilityServices)

Phone: (440) 826-2147

Fax: (440) 826-3832

Email: [disability@bw.edu](mailto:disability@bw.edu)

**Attention Deficit/Hyperactivity Disorder (ADHD) Verification Form**

Disability Services for Students (DSS) provides services and accommodations for students with diagnosed disabilities. The documentation provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

DSS requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 36 months (3 years). The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed clinical psychologists, neuropsychologists, psychiatrists, or other medical doctors who have advanced training in the differential diagnosis of ADHD in adolescents and adults.
- All parts of the form must be completed as thoroughly as possible.
- The provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at [www.bw.edu/DisabilityServices](http://www.bw.edu/DisabilityServices).
- The information provided on this form is NOT part of the student’s permanent educational record, but will be maintained with the DSS office.

**STUDENT INFORMATION** (Please Print)

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

BW ID Number: \_\_\_\_\_

Status (check one):  current student

transfer student

prospective student

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BW Email: \_\_\_\_\_@bw.edu

Address (street, city, state, zip code): \_\_\_\_\_

By signing below, the student grants DSS permission to contact the provider for additional information.

I, \_\_\_\_\_ (printed name of student), hereby authorize DSS to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for academic accommodations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIAGNOSTIC INFORMATION** (Please Print)

1. Date of initial contact with the student: \_\_\_\_\_

2. Date of last contact with the student: \_\_\_\_\_

3. Does the student have a clinical history (i.e., prior to age 12) of ADHD symptoms?

Yes

No

Unknown

4. Approximately at what age did the student start to exhibit ADHD symptoms? \_\_\_\_\_

5. What is the date of ADHD diagnosis? \_\_\_\_\_

6. DSM-V Diagnosis(es) or rule-out diagnoses (Include the principal diagnosis and code for each): \_\_\_\_\_

7. Select all ADHD symptoms that the student *currently* exhibits:

<b>Inattention</b>	<b>Hyperactivity and Impulsivity</b>
<input type="checkbox"/> Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	<input type="checkbox"/> Often fidgets with or taps hands or feet, or squirms in seat
<input type="checkbox"/> Often has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/> Often appear restless or in constant motion in situations in which it is inappropriate
<input type="checkbox"/> Often does not seem to listen when spoken to directly	<input type="checkbox"/> Is often "on the go" or often acts as if "driven by a motor"
<input type="checkbox"/> Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	<input type="checkbox"/> Often unable to play or take part in leisure activities quietly
<input type="checkbox"/> Often has difficulty organizing tasks and activities	<input type="checkbox"/> Often interrupts or intrudes on others (e.g., butts into conversations or games)
<input type="checkbox"/> Often avoids, dislikes, or is reluctant to engage in tasks (e.g., schoolwork, homework) that require sustained mental effort	<input type="checkbox"/> Often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
<input type="checkbox"/> Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, keys, glasses, phone)	<input type="checkbox"/> Often blurts out answers before questions are completed
<input type="checkbox"/> Is often easily distracted by extraneous stimuli	<input type="checkbox"/> Often has difficulty awaiting turn
<input type="checkbox"/> Is often forgetful in daily activities	<input type="checkbox"/> Often talks excessively

8. Did you use a measurement of ADHD (e.g., rating scale, checklist, psychological evaluation, performance task, etc.) to obtain information about the student's symptoms and functioning in various settings?

Yes

No

9. If yes, which ADHD measurement(s) did you use? If no, how did you reach your conclusion about the ADHD diagnosis and treatment? \_\_\_\_\_

10. Provide relevant information obtained from the student, parent or guardian, teachers, etc. regarding the student's history of inattention and/or hyperactivity during childhood that supports the ADHD diagnosis: \_\_\_\_\_

11. Provide relevant information obtained from the student, parent or guardian, teachers, etc. regarding the student's psychosocial history (e.g., often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.): \_\_\_\_\_

12. Provide relevant pharmacological history, including an explanation of the extent to which medication has mitigated the symptoms of the disorder in the past: \_\_\_\_\_

13. Does the student currently take medication(s) for ADHD symptoms (list medication, dosage, frequency)? If yes, how might side effects impact the student's functioning? \_\_\_\_\_

14. Major Life Activities Assessment:

Select which of the following major life activities listed below may be affected because of the impairment. Indicate the degree to which each activity is impacted.

Life Activity	Negligible	Moderate	Substantial	Unknown
Concentrating				
Memory				
Eating				
Social Interactions				
Self-Care				
Stress Management				
Managing Internal Distractions				
Managing External Distractions				
Sleeping				
Organizing				

15. State specific recommendations regarding reasonable accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why each accommodation is necessary: \_\_\_\_\_

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**PROVIDER INFORMATION**

*Print, sign, date and complete all fields below*

By selecting this box, I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

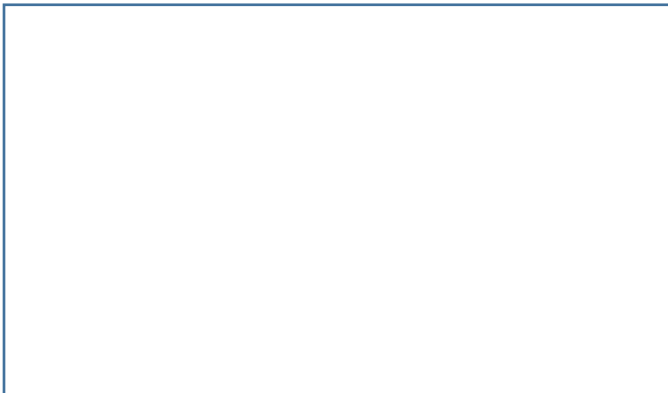
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

You may affix a business card in the space below:



**Please complete this form in its entirety and submit it to:**

**Baldwin Wallace University**  
**Disability Services for Students**  
**275 Eastland Road**  
**Berea, OH 44017**  
**Fax: (440) 826-3832**  
**Email: [disability@bw.edu](mailto:disability@bw.edu)**