

**Learning Differences Program  
Mercyhurst College  
501 East 38<sup>th</sup> Street  
Erie, PA 16546  
(814) 824-2450 phone (814) 824-2589 fax**

**Verification Form for Documentation of ADD/ADHD**

*The student named below is requesting reasonable and appropriate accommodations for Attention Deficit Hyperactivity Disorder (ADD/ADHD). In order to provide these services, the student must provide recent documentation verifying the condition and describing its current functional impact. The report should provide information supporting a diagnosis consistent with the DSM-IV, in documenting ADD/ADHD in adults. Appropriate services will be based upon the specific information provided.*

- ***This form must be completed by a professional qualified by comprehensive training and direct experience in the differential diagnosis of ADHD, i.e. psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors.***
- ***Please provide accurate, comprehensive and legible answers on this form in order to determine what auxiliary aids or services are needed.***

**Student Completes This Section (Please Print or Type):**

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: (circle one) MALE FEMALE

Are you currently enrolled at Mercyhurst College? \_\_\_\_\_ Current Class Standing: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**AUTHORIZATION TO RECEIVE INFORMATION:** I authorize the Learning Differences Program of Mercyhurst College to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Director of the Learning Differences Program.

Name of Provider/Physician: \_\_\_\_\_

Address (Street, City, State, and Zip): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Send documentation to:  
Dianne Rogers, Director of the Learning Differences Program  
Mercyhurst College, 501 East 38<sup>th</sup> ST, Erie, PA 16546**

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**Verification Form for Documentation of ADD/ADHD**

**STUDENT'S NAME:** \_\_\_\_\_

**Provider Completes the Section Below:**

Mercyhurst College provides accommodations and support services to students with diagnosed disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA; 1990).

\*The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing psychiatrist, psychologist or physician (the provider completing this form cannot be a relative of the student). Specific information concerning the student's condition and its impact on learning must be provided.

Please respond to the following items regarding the student named above. (Please Type or Print):

1. What is the student's DSM-IV diagnosis? \_\_\_\_\_

a. State the student's current symptoms that meet the DSM-IV criteria for this diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

b. State date of initial diagnosis. \_\_\_\_\_

c. Describe evidence of early impairment. \_\_\_\_\_

d. Describe current functional limitations, specifically in the classroom or educational setting:

\_\_\_\_\_  
\_\_\_\_\_

e. State the frequency of your appointments with this student. \_\_\_\_\_

f. State the date of your last contact with this student \_\_\_\_\_

2. Pharmacological History: Please list the student's medication(s) including:

a. medication(s) that are currently being prescribed: \_\_\_\_\_

b. dosage and frequency of use: \_\_\_\_\_

c. effectiveness of the medication: \_\_\_\_\_

3. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity. \_\_\_\_\_

\_\_\_\_\_

4. Is there indication that this student may have additional diagnosis, *i.e.*, *depression, anxiety, bipolar, learning disabilities*? Please include pertinent information. \_\_\_\_\_

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The provider may also send a report that provides additional related information.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Printed Name: \_\_\_\_\_

License/Certificate #: \_\_\_\_\_ State of License: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please describe your professional training in diagnosing ADD/ADHD:

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Return this information to:

**Dianne Rogers**

**Director of the Learning Differences Program**

**Mercyhurst College**

**501 East 38<sup>th</sup> ST**

**Erie, PA 16546**

**(814) 824-2450 phone**

**(814) 824-2589 fax**

**drogers@mercyhurst.edu**

**STUDENT'S NAME:** \_\_\_\_\_

**Student Completes the Section Below:**

Please check all ADD/ADHD symptoms listed in the DSM-IV that apply.

**Inattention:**

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- often has difficulty sustaining attention in tasks or play activities.
- often does not seem to listen when spoken to directly.
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
- often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- is often easily distracted by extraneous stimuli.
- often forgetful in daily activities

**Hyperactivity:**

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- often has difficulty playing or engaging in leisure activities that are more sedate.
- is often "on the go" or often acts as if "driven by a motor".
- often talks excessively.

**Impulsivity:**

- often blurts out answers before questions have been completed.
- often has difficulty awaiting turn.
- often interrupts or intrudes on others (e.g. butts into conversations or games).

**Educational History:** Provide a history of the use of any educational accommodations and services related to this disability. \_\_\_\_\_

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