

Attention Deficit/Hyperactive Disorder (ADD/ADHD) Verification

The student named below may be eligible for accommodations at Samuel Merritt University. In order to determine appropriate accommodations, Samuel Merritt University must have verification of a disability and of the resulting functional limitations. Information on this form will be used in confidence for the educational benefit of the student. This information will be held strictly confidential.

First Name	Middle Initial	Last Name	Date of Birth
------------	----------------	-----------	---------------

1.) DSM Diagnosis/Code: _____

Date of Dx _____

2.) Level of Severity (Circle one) MILD MODERATE SEVERE

3.) Describe the particular symptoms of ADD/ADHD that manifest most significantly for this student:

4.) Describe the functional limitations and the severity of impact on the student in an educational setting:
(Please note that accommodations will be determined based on documented, specific functional limitations).

5.) Describe medications and any side effects and functional limitations resulting from treatments or medications:

6.) Describe possible accommodations that could ease the impact of the disability treatment or medications on academic tasks:

Certifying Professional:
 Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

Name (typed or printed)	Signature
-------------------------	-----------

Title	License No.	Date
-------	-------------	------

Address	City	State	Zip	Telephone	FAX
---------	------	-------	-----	-----------	-----