Samuel Merritt University

Attention Deficit/Hyperactive Disorder (ADD/ADHD) Verification

The student named below may be eligible for disability 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.

First Name	Middle Initial	Last Name	Date of Birth

DSM Diagnosis:

Date of Dx

Level of Severity (Select one) ☐ MILD ☐ MODERATE ☐ SEVERE

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

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).

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

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

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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

Please return this form to the student or fax it to 510.457.2628. Thank you. For questions, call 510.879.9233.