



ADHD Verification Form

The Office of Accessibility at each institution provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis 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, as amended (ADAAA). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Attention-Deficit/Hyperactivity Disorder (ADHD) is one such disability. In order for a student to be considered eligible to receive academic accommodations, the documentation must also show functional limitations that impact the individual in the academic setting.

The Board of Regents (BOR) for the University System of Georgia (USG) requires current and comprehensive documentation of ADHD in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

- A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally licensed psychologists or members of a medical specialty.
- B. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.
- C. The healthcare provider should attach any reports which provide additional related information (e.g., psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.
- D. After completing this form, sign it, complete the Healthcare Provider Information section on the last page and return it to the student, who will give it to the Disability Services Provider at her/his institution. The information you provide will not become part of the student's educational records, but it will be kept in the student's file in the Office of Accessibility, where it will remain confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. If you have questions regarding this form, please call the Regents Center for Learning Disorders at Georgia State University at 404-413-6245. Thank you for your assistance.

To review USG BOR policies regarding disabilities, please see the following websites:

<https://usg.policystat.com/policy/19955025/latest#autoid-kynpm>



ADHD DOCUMENTATION FORM

Form to be returned to Gordon State College

STUDENT INFORMATION

Name (Last, First, Middle): _____

Date of Birth: _____ Institution: _____

Status (check one): Current Student Transfer Student Prospective Student

Phone: _____ Email Address: _____

Mailing Address: _____

DIAGNOSTIC INFORMATION

(To be completed by Qualified Healthcare Provider. Please print legibly or type.)

***Illegible and/or Incomplete forms will delay the documentation review process for the student.**

Please provide responses to the following items.

1. DSM-V Diagnosis: 314.00 ADHD

314.01 (F90.2) Combined presentation: If both criteria for Inattention and Hyperactivity/Impulsivity are met for the past 6 months.

314.00 (F90.0) Predominantly Inattentive presentation: If criteria for Inattention is met but criteria for Hyperactivity/Impulsivity is not met for the past 6 months.

314.01 (F90.1) Predominantly Hyperactivity/Impulsivity presentation: If criteria for Hyperactivity/Impulsivity is met but criteria for Inattention is not met for the past 6 months.

314.01 (F90.8) Other Specified ADHD: Symptoms characteristic of ADHD cause significant impairment in social, occupational, or other areas of functioning are present but do not meet the full criteria for ADHD or any other neurodevelopmental disorders, and the clinician chooses to communicate the specific reason why the full criteria of ADHD is not met.

314.01 (F90.9) Unspecified ADHD: Symptoms characteristic of ADHD cause significant impairment in social, occupational, or other areas of functioning are present but do not meet the full criteria for ADHD or any other neurodevelopmental disorders, and the clinician chooses not to communicate the specific reason why the full criteria of ADHD is not met.

2. State the following:

a. Date of diagnosis:

b. Date of first contact with the student:

c. Date of last contact with the student:

d. Comorbid conditions:

3. Student's History

a. ADHD History (inattention and/or hyperactivity during childhood):

Document symptoms that were present during early school years. Provide information supporting the diagnosis based on independent sources (e.g., past evaluations, school records, teacher report). Please attach copies of previous psychological evaluations.

b. Medical History:

Provide relevant medical history. Is the student currently taking medication for ADHD? Are they experiencing any side effects with this medication?

4. Student's Current Specific Symptoms:

Please report ADHD symptoms listed in the DSM-V that the student currently exhibits that interfere with social, academic, and occupational functioning during the past 6 months. Please attach copies of psychological evaluation and/or standardized rating scales used to determine diagnosis completed by independent observers in at least two settings (not including patient and clinician). Examples of suggested assessment measures include: continuous performance tests (VIGIL, TOVA, Conners, IVA) and Barkley Adult ADHD Rating Scale – IV (BAARS-IV). Additional information on suggested assessment measures are found at: rcld.gsu.edu/evaluators

HEALTHCARE PROVIDER INFORMATION

**All forms to be returned to Gordon State College
Student Center-Room 212
419 College Drive, Barnesville, GA 30214**

(Please sign & date below and fill in all other fields completely. Please print legibly or type.)

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number: _____ Fax Number: _____

FUNCTIONAL IMPAIRMENT

(To be completed by Qualified Healthcare Provider or Disability Service Provider. Please print legibly or type.)

Please state the student’s functional impairments in an academic environment (classroom setting) based on the student’s specific ADHD symptoms. Functional impairment must directly link the symptom to the impact the student experiences in the academic environment. (What academic tasks are adversely impacted due to ADHD symptoms and how?)

Completed By:

Name (Print): _____

Title: _____

Signature: _____ Date: _____