



# CHOWAN UNIVERSITY

## DOCUMENTATION VERIFICATION FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

The Learning Center at Chowan University provides academic accommodations to students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) that reflects a **current substantial limitation to learning**. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis. A qualified professional is trained, certified and/or a licensed psychologist and/or a member of a medical specialty (e.g. psychiatrist, neuropsychologist).

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

1. DSM-IV Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Last Contact with Student: \_\_\_\_\_

2. What instruments and procedures were used to diagnose the ADHD? Please check all relevant items.

- \_\_\_\_\_ Clinical Interview
- \_\_\_\_\_ Interview with other persons
- \_\_\_\_\_ Developmental History
- \_\_\_\_\_ Educational history
- \_\_\_\_\_ Medical history
- \_\_\_\_\_ Behavioral rating scale
- \_\_\_\_\_ DSM-IV diagnosis
- \_\_\_\_\_ Neuro-psychological testing: date(s) of testing \_\_\_\_\_
- \_\_\_\_\_ Psycho-educational testing: date(s) of testing \_\_\_\_\_
- \_\_\_\_\_ Other (please specify)

3. Please describe symptoms that meet the criteria for this diagnosis and report all test results. Please attach diagnostic report.

4. What is the severity of the condition? Please check one:  
 mild             moderate             severe

Explain severity:

5. Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects **as they relate to academic performance**.

6. Please describe how this disorder exhibits itself, in this student, as a **current substantial limitation to learning** in a University academic environment.

7. Please list any recommendations you would have for academic accommodations that would help this student succeed in the University environment. Please state the rationale for each recommendation. These recommendations will be used to help determine the appropriate accommodations that will be made available to this student.

8. If current treatments (e.g. medications, counseling, etc.) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

9. Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at Chowan University.

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

Print name and title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

The information that you provide is maintained in The Learning Center according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

**Please return this form to:**

Chowan University  
The Learning Center  
One University Place  
Murfreesboro, NC 27855

Phone: (252) 398-6356  
Fax: (252) 398-6523