



VERIFICATION FORM for ATTENTION DEFICIT / HYPERACTIVITY DISORDER (AD/HD)

Washburn University School of Law has established a Verification Form for Attention Deficit/Hyperactivity Disorder (AD/HD) to obtain current information from a qualified practitioner (e.g., licensed physician, psychiatrist, clinical psychologist, neuropsychologist) regarding a student's AD/HD symptoms, related medications, and their impact on the student and his or her need for accommodations. This Verification Form may supplement information that is provided in other reports, including full neuropsychological or psychoeducational evaluations or secondary school documentation, but must be completed for consideration of accommodation based on AD/HD.

A summary of the guideline criteria for documenting AD/HD is listed below (more information related to Washburn University School of Law's Disability Accommodations and Policy Statement can be found at: <https://washburnlaw.edu/accommodations>)

1. Clinical history of AD/HD
2. Symptoms of inattentiveness and/or impulsivity and hyperactivity determined through the administration of measurements of attention and/or AD/HD rating scales or checklists
3. Functional impairment in one or more settings, including educational
4. Functional limitations affecting an important life skill, including academic functioning
5. Exclusion of alternative diagnoses
6. Summary and recommendations

I. Student Information: (Please Print Legibly or Type)

Student's Name:

First:

Middle:

Last:

Date of Birth:

WU ID #:

Student's Home Address:

Street:

City:

State:

Zip:

Phone Number:

II. Provider Section:

1. Contact with Student

a. Date of initial contact with student:

b. Date of last contact with student:

2. Diagnosis

a. Clinical History:

i. Does the student have a clinical history (i.e., prior to age 12) of AD/HD symptoms?

Yes No

ii. Approximately at what age did the student start to exhibit AD/HD symptoms?

iii. What date was the student diagnosed with AD/HD? Month Year

b. Current Symptoms:

i. Please check all AD/HD symptoms that the student currently exhibits:

Inattention: (5+ checked for adolescents 17 and older indicates functional impairment)	
<input type="checkbox"/>	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
<input type="checkbox"/>	Often has difficulty sustaining attention in tasks or play activities.
<input type="checkbox"/>	Often does not seem to listen when spoken to directly.
<input type="checkbox"/>	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
<input type="checkbox"/>	Often has difficulty organizing tasks and activities.
<input type="checkbox"/>	Often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
<input type="checkbox"/>	Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools, wallets, keys, paperwork, eyeglasses, cell phone).
<input type="checkbox"/>	Is often easily distracted by extraneous stimuli.
<input type="checkbox"/>	Is often forgetful in daily activities.

Hyperactivity and Impulsivity: (5+ checked in Hyperactivity and Impulsivity categories combined for adolescents 17 and older indicates functional impairment)	
	Often fidgets with or taps 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 (adolescents or adults may be limited to feeling restless).
	Often unable to play or take part in leisure activities quietly.
	Is often "on the go" or often acts as if "driven by a motor."
	Often talks excessively.
	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).

ii. Is there clear evidence that the student's AD/HD symptoms are present in one or more setting, including the educational environment?

School (classroom or educational setting):	
Home or work:	
With friends or relatives:	
In other activities:	

iii. Is there clear evidence that the student's AD/HD symptoms are interfering with or reducing the quality of at least one of the following, including academic functioning?

Academic functioning:	
Social functioning:	
Work functioning:	

iv. Did you use a measurement of AD/HD, e.g. rating scale, checklist, psychological evaluation, performance task, to obtain information about the student's symptoms and functioning in various settings?

Yes No

v. If yes, which AD/HD measurement did you use?

vi. If no, how did you reach your conclusion about the AD/HD diagnosis and treatment?

c. **DSM-5 Codes:**

i. Please include all pertinent diagnoses or rule-out diagnoses using *DSM-5* codes.

Principal Diagnosis: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

Other Diagnoses: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

WHODAS 2 Score (If given): _____

3. Medications

a. Is the student currently taking medication(s) for AD/HD symptoms? Yes No

b. If yes, please provide information below for each medication the student is currently prescribed:

Medication/Dosage/Frequency (e.g., Adderall 5 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency (e.g., Adderall 5 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency (e.g., Adderall 5 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

4. Functional Limitations and Recommended Accommodations

- a. Please list the student’s current AD/HD symptoms and indicate what reasonable academic accommodations would mitigate the symptom listed.

Example: <i>A student has difficulty focusing on lectures and misses information when taking notes.</i>
Symptom: <i>Difficulty focusing</i>
Recommended Reasonable Accommodation(s): <i>Note-taking assistance or Live Scribe pen</i>

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

III. Provider’s Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, or neuropsychologist). The provider signing this form must be the same person answering the above questions.

Provider’s Name:

First:

Middle:

Last:

Credentials:

License Number:

State of Licenser:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Can this completed Verification Form be released to the student? Yes No

Signature of Provider: Date:

Submitting this Form:

Upon completion, this form should be returned to Shelby Grau, Director of Compliance and Administration, Washburn University School of Law, Room 331A, 1700 SW College Ave., Topeka, KS 66621.