

**Verification of Attention Deficit Hyperactivity Disorder (ADHD)  
or Attention Deficit Disorder (ADD)**

The Academic Support and Enrichment Center provides services to students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD). To determine eligibility for services, this office requires current and comprehensive documentation of this disorder from the diagnosing physician, psychiatrist, or psychologist.

Please answer the following questions pertaining to: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Denison ID# \_\_\_\_\_

1. What is the DSM diagnosis, date of diagnosis, and last contact with the student?

2. What instruments and procedures were used to diagnosis the ADHD/ADD?

- \_\_\_\_\_ Clinical Interview
- \_\_\_\_\_ Interview with other persons
- \_\_\_\_\_ Developmental History
- \_\_\_\_\_ Educational History
- \_\_\_\_\_ Medical History
- \_\_\_\_\_ Neuro-psychological Testing and dates \_\_\_\_\_
- \_\_\_\_\_ Psycho- educational testing and dates \_\_\_\_\_
- \_\_\_\_\_ Behavioral rating scale
- \_\_\_\_\_ DSM-IV diagnosis
- \_\_\_\_\_ Other \_\_\_\_\_

3. Describe symptoms that meet the criteria for this diagnosis and report all test results. Please include diagnostic report if available.

4. List current medication, dosage, frequency of usage, and adverse side effects.

5. What recommendations do you have regarding accommodations and your rationale for the recommendations?

6. Describe functional limitations in an educational setting.

7. Is there any indication that this student may have additional diagnosis? (i.e. depression, bipolar, anxiety, learning disabilities)? Please include pertinent information.

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Return this information to the Academic Support & Enrichment Center, Denison University, P.O. Box M, Granville, OH 43023 or fax 740-587-5629