ADHD DISABILITY VERTIFICATION FORM
To be completed by school personnel (school psychologist/special educator)

Eligibility requirements for support services for students with Attention Deficit/Hyperactivity Disorder:
1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provisions of reasonable and appropriate services for students with Attention Deficit/Hyperactivity Disorder at Northern Vermont University, students needing such services are required to provide current and comprehensive documentation of their disability. This documentation should include information on the diagnosis, describe the attention difficulties and the functional limitations in an educational setting, indicate the severity and longevity of the condition, and offer recommendations for treatment. To facilitate the gathering of such critical information, we ask that you respond to the following questions.

Please provide the following information about:__________________________________________

STUDENT NAME

student’s date of birth: ______________________________

1. Has this student been identified and/or served as a student with disabilities in your school/school district?

2. Name of psychiatrist/psychologist/diagnosing physician who made the ADHD diagnosis:

__________________________________________________________________________________

3. Date of diagnosis: ______________________________

4. Procedures used to assess/diagnose ADHD:

__________________________________________________________________________________

__________________________________________________________________________________

5. Level of Severity: Mild _____   Moderate _____   Severe _________

__________________________________________________________________________________

Northern Vermont University Coordinators of Disability Services

Johnson Campus
Michele Feiner
Michele.Feiner@NorthernVermont.edu
802.635.1264

Lyndon Campus
Mary Etter
Mary.Etter@NorthernVermont.edu
802.626.6210
6. Please provide a summary of the information in student’s records describing any difficulties Student has with attention, concentration, over-anxiety and organization and the dates these difficulties were first observed.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

7. How has student’s ADHD interfered with his/her academic achievement?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

8. What services including accommodations (exam modifications, academic adjustments, tutoring, auxiliary aids, etc.) has student received for student’s attention difficulties in your school/school district?

   a. Accommodations:___________________________________________________________

   b. Tutoring (type, frequency):________________________________________________

   c. Other, please describe:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

9. What, if any, medication has been prescribed to treat student’s ADHD?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
10. What accommodations and services do you recommend for student at the post-secondary level?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please attach diagnostic/educational evaluation and scores as well as any other information that would be helpful for student’s success.

X
Signature of school personnel

Print name and title: ________________________________________________

Address: __________________________________________________________________

Telephone: ___________________________ Email: ____________________________

Please return this form to the coordinator of disability services on your campus.

______________________________________________________________________________
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