

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

The Academic Resource 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. What recommendations do you have regarding accommodations and your rationale for the recommendations?

5. Describe functional limitations in an educational setting.

6. 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 Resource Center, Denison University,
100 West College Street, Granville, OH 43023, scan and email
vestal@denison.edu or fax 740-868-1168