

East Carolina University
Department for Disability Support Services
138 Slay
Greenville, NC 27858
Phone: (252) 737-1016 (V/TTY) Fax: (252) 737-1025

Disability Verification Form for ADHD (TO BE COMPLETED BY THE STUDENT)

ECU students requesting accommodations related to a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) are required to submit the following form which should be completed by the student and the healthcare professional(s) responsible for diagnosis and/or current treatment:

By my signature, I authorize _____ to release the information provided below to East Carolina University Department of Disability Support Services.

Signature: _____ Date: _____

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Banner ID: _____ Phone: _____

Status (check one): current student transfer student prospective student

DIAGNOSTIC INFORMATION (TO BE COMPLETED BY THE PRACTITIONER)

Date of diagnosis: _____ Date of last visit: _____

Which of the 3 DSM V ADHD categories are diagnosed for your patient?

- Predominately Hyperactive/Impulsive Presentation
- Predominantly Inattentive Presentation
- Combined Presentation

Diagnostic Assessment Method:

- Interviews
- Patient rating scales
- History/Record review
- Parent/Guardian rating scales
- Neuro-psychological/ Psycho-educational testing*
- Other: _____

**Please submit relevant testing.*

Please indicate the overall level of impairment: _____

___ Mild: Few symptoms beyond the required number for diagnosis are present and symptoms result in minor impairment at home, school, work and/or in social settings.

___ Moderate: Symptoms or impairment between "mild" and "severe" are present and create difficulty at home, school, work and/or in social settings

___ Severe: Many symptoms are present beyond the number needed to make a diagnosis, or multiple symptoms are particularly severe, or symptoms extremely impair an individual at home, school, work and/or in social settings.

Please indicate which of the following symptoms have persisted to a degree that is maladaptive and inconsistent with developmental level.

Symptoms of Inattention	Mild	Moderate	Severe	Not Assessed
Fails to give close attention to details or makes careless mistakes.				
Has difficulty sustaining attention.				
Does not appear to listen.				
Struggles to follow through on instructions				
Has difficulty with organization.				
Avoids or dislikes tasks requiring sustained mental effort.				
Loses things.				
Is easily distracted.				
Is forgetful in daily activities.				
Symptoms of Hyperactivity and Impulsivity				
Fidgets with hands or feet or squirms in chair.				
Has difficulty remaining seated.				
Extreme restlessness; difficulty engaging in activities quietly.				
Acts as if driven by a motor.				
Talks excessively.				
Blurts out answers before questions have been completed.				
Difficulty waiting or taking turns.				
Interrupts or intrudes upon others.				

What, if any, medication been prescribed? _____

Please list any comorbid diagnoses or concurrent problems that may interfere with the student's functioning in the university setting: _____

Recommended accommodations: _____

HEALTH CARE PROVIDER INFORMATION

Provider Name (Print): _____

Specialty: _____

Address: _____

Phone #: _____

Fax #: _____

Signature: _____

Date: _____