



**DISABILITY VERIFICATION**  
**Attention Deficit/Hyperactivity Disorder (ADD/ADHD)**

***Please read the following prior to completing this form:***

The Center for Student Success at Malone University provides support services to students with diagnosed disabilities, including Attention Deficit/Hyperactivity Disorder. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from their diagnosing/current psychologist or physician. This should include information that describes how the disorder was diagnosed, the symptoms of the disorder evidenced, severity of the condition, treatment and medication prescribed, and recommendations for accommodations.

Please note that eligibility for services is determined based on a review of this information, in accordance with criteria established in the codification of *Section 504 of the Rehabilitation Act of 1973*, and in cases pertaining to the *Americans with Disabilities Act*. It is therefore imperative that comprehensive information be provided so that Malone University can make an appropriate determination about the student's eligibility to receive disability-related accommodations under the law. Thank you for your assistance.

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Please provide the following information about: \_\_\_\_\_

1. DSM-IV Diagnosis: \_\_\_\_\_

Level of Severity (circle one):            MILD            MODERATE            SEVERE

Date of Diagnosis: \_\_\_\_\_

Last contact with student: \_\_\_\_\_

2. Please **indicate the instruments used** to obtain this diagnosis (at least one instrument from the first three categories is required; the fourth category is optional). **Please attach a copy of the diagnostic report:**

Cognitive:     WAIS-III             WAIS- IV             Stanford Binet Intelligence Scales

Attention:     Digit Symbol Coding             Stroop Color & Word Test

Continuous Performance Test             Ruff 2/7 Test

Trial Making Test A & B

Other (please indicate what assessment was used) \_\_\_\_\_

Self-Report Measures:     Brown ADD Scale             Wender-Utah Rating Scale

ASRS             Conners' Rating Scale

Optional     MMPI-2 or MMPI-RF             State-Trait Anxiety Inventory

Measures:     Beck Depression Inventory-II             Other (please identify) \_\_\_\_\_

3. Describe relative information obtained from your clinical interview with the student:

(a) **AD/HD History**- evidence of symptoms during childhood, and/or evidence of inattentive or hyperactive-impulse behavior that has significantly impaired functioning over time: \_\_\_\_\_

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(b) **Medical History**- relevant medical history including current medication(s), dosage, frequency of use, and side effects: \_\_\_\_\_

(c) **Educational/Academic History**- relevant information as to academic difficulties or successes during student's elementary, secondary, or post-secondary education: \_\_\_\_\_

4. Does this condition cause **substantial limitations to the student's learning** in their academic environment?       NO       YES (If yes, please describe)

5. List current medication, dosage, frequency and possible adverse side effects: \_\_\_\_\_

6. List any recommendations for accommodations in an academic setting that you have for this student (i.e. extra time on tests, distraction-free testing space, etc.): \_\_\_\_\_

7. Please feel free to attach additional information describing specific concerns you may have, or ways that we may be of further assistance to this student.

Psychologist/Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

Phone: (      ) \_\_\_\_\_

The information you provide in this document is maintained in the Office of Student Accessibility Services at Malone University according to the guidelines of the Family Education Rights and Privacy Act (FERPA).

**Please mail or fax this form to:**  
Center for Student Success  
Malone University  
2600 Cleveland Ave. NW  
Canton, OH 44709  
Phone: 330/471-8496  
Fax: 330/471-8390