Return form and relevant documentation to:
Office of Student Accessibility Services
Illinois Wesleyan University
PO Box 2900, Bloomington, IL 61702-2900
accessibility@iwu.edu
309-556-3231 (phone), 309-556-3436 (fax)

Attention Deficit Hyperactivity Disorder (ADHD) Verification

The Office of Student Accessibility Services provides academic accommodations for students with Attention Deficit Hyperactivity Disorder (ADHD) – inattentive type, hyperactive-impulsive type, and combined type. To determine eligibility, current and comprehensive documentation/verification from a psychiatrist, psychologist, or other qualified professional is required. A full neuropsychological or psychoeducational evaluation is preferred. *Submission of this form does not guarantee approval of accommodations.*

Student's Name: _____

Date of Birth: _____ **IWU ID #:** _____

1. Provide a complete ICD-10 or DSM-V diagnosis: _____

   _____

2. Date of diagnosis: _____ Last contact with the student: _____

3. What instruments and procedures were used to diagnose the ADHD? (please mark all that apply)

   _____Clinical Interview
   _____Interview with other persons
   _____Developmental History
   _____Educational History
   _____Medical History
   _____Behavioral Rating Scale
   _____Neuropsychological evaluation (please attach)
   _____Psychoeducational evaluation (please attach)
   _____ICD-10 or DSM-V diagnosis
   _____Other: _____

4. Describe symptoms that meet the criteria for this diagnosis and report all test results; please include diagnostic report/evaluations if available:

   _____

   _____

   _____

5. Please indicate the level of severity for this diagnosis: _____ Mild _____ Moderate _____ Severe

6. Treatment plan and/or medications (including frequency, dosage, and adverse side effects) currently prescribed or used to minimize the impact of the ADHD:

   _____

   _____

   _____

7. Describe the student's functional limitations in a university setting:

8. State your specific recommendations regarding accommodations ***with a rationale*** that is based on the student's academic functioning as to why these accommodations are warranted based upon the student's diagnosis(s):

9. Are you aware of other diagnosis(s) (e.g. depression, anxiety, learning disabilities) that this student has?

10. Please indicate any additional information that would help IWU's Student Accessibility Services assist the student in a university setting:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____ License Number: _____

Street Address: _____ City, State, Zip: _____

Telephone No.: _____ Email: _____

Signature: _____ Date: _____