



ILLINOIS WESLEYAN UNIVERSITY

Return form and relevant documentation to:
Chandra Shipley, Coordinator of Disability Services
Illinois Wesleyan University
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Bloomington, IL 61702-2900
cshipley@iwu.edu
309-556-3231 (phone)
309-556-3436 (fax)

Attention Deficit Hyperactivity Disorder (ADHD) Verification

Disability Services provides academic accommodations for students with Attention Deficit Hyperactivity Disorder (ADHD). To determine eligibility, current and comprehensive documentation/verification from a psychiatrist, psychologist, or other qualified professional is required.

Student's Name: _____

Date of Birth: _____ IWU ID #: _____

1. DSM-V diagnosis: _____

2. Date of diagnosis: _____

3. Last contact with the student: _____

4. What instruments and procedures were used to diagnose the ADHD?

____ Clinical Interview

____ Behavioral Rating Scale

____ Interview with other persons

____ Neuro-psychological evaluation (please attach)

____ Developmental History

____ Psychoeducational evaluation (please attach)

____ Educational History

____ DSM-V diagnosis

____ Medical History

____ Other: _____

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

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

ADHD Verification – Page 2

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

8. Recommended accommodations with rationale:

9. Is there any indication that this student may have additional diagnoses (e.g. depression, anxiety, bipolar disorder, learning disability(ies))?:

10. Please indicate any additional information that would help IWU’s Disability 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: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____