



DISABILITY VERIFICATION FOR STUDENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

Access Center
Washington State University
Vancouver
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Combined Type, Predominately Inattentive Type, or Predominately Hyperactive-Impulse Type

To ensure the provision of reasonable and appropriate services for students with ADHD, disability statutes require students to provide current and comprehensive documentation of their disability and its impact on activities of daily living, including education.

We ask that you complete the following and return it to the address above. All material will be kept confidential.

Thank you for your assistance in this matter.

Student's Name: _____

WSU ID #: _____

1. DSM diagnosis (text and code):
2. Date of original diagnosis (please include any evidence of early impairment, whether or not the student received treatment):
3. Date of most recent evaluation:
4. Summary of current symptoms, including ongoing problems with impulsivity, hyperactivity, or attention, plus, if available, information about organizational and time management skills.
5. Summary of test finding which support the diagnosis, including any results from aptitude and achievement testing. Please describe below and attach a list of test instruments, standard scores and percentiles. Subtest scores should be included.

6. How do the ADHD symptoms impact the student in an academic setting (functional limitations)?

7. Is this student currently on medication(s), or have they ever taken medication(s), that may affect their academic achievement? Describe any side effects this student experiences from medication(s). Please include time of day this is most likely to occur.

8. (Optional) Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Washington State University's programs and services.

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above and that I am a licensed psychologist, neuro-psychologist, psychiatrist, or other relevantly trained medical doctor, or counseling professional with training in the evaluation of ADHD in adolescents and adults.

Signature: _____

Date: _____

Print Name and Title: _____

Area of Specialty: _____

State License: _____

License Number: _____

Address: _____

Phone: _____

Fax: _____

To be completed by WSU student:

I authorize the certified information in this form to be released to WSU Access Services. I consent to be contacted by WSU Access Services regarding this form.

Printed Name _____

Signature _____

Date _____