

NOTRE DAME COLLEGE

DISABILITY VERIFICATION

Attention Deficit/Hyperactivity Disorder (ADD/ADHD)

(to be completed by diagnosing/current psychologist or physician)

Please read the following prior to completing this form:

Notre Dame College 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 case precedent pertaining to the *Americans with Disabilities Act*. It is therefore imperative that comprehensive information be provided so that Notre Dame College staff can make an appropriate determination about the student's eligibility to receive disability-related accommodations under the law. Confidentiality of the information provided is ensured, and will in no way become part of the student's academic record. Please feel free to contact the Dean of Student Development with any questions or concerns you might have regarding the information you are being asked to provide. Thank you for your assistance.

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. What instruments and procedures were utilized to assess and diagnose ADD/ADHD in this student? (Please attach a copy of the diagnostic report) _____

3. Describe the particular symptoms of ADD/ADHD that manifest most significantly for this student: _____

4. List current medication, dosage, frequency and possible adverse side effects: _____

5. List other treatment recommendations you have made for this student: _____

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

7. Describe any other relevant information you wish to share about this student, as it pertains to ways that we may be of further assistance: _____

Psychologist/Physician Signature: _____ Date: _____

Printed Name and Title: _____

Address: _____

Phone: () _____

E-mail address (if applicable): _____

Please mail this form to:
Notre Dame College
Jessica Kaluga, Director of ASC
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South Euclid, OH 44121

Phone: 216-373-5185