

TO:

FROM:

Webster University

RE: Criteria For Documenting Attention Deficit Hyperactivity Disorder

The following student, _____ (DOB _____), has applied for services available to qualified individuals with disabilities through Webster University. Current and comprehensive documentation of the student's disability must be on file at Webster University in order to determine appropriate and reasonable accommodations. The student has indicated that you could provide this documentation, along with information pertinent to the kinds of accommodations the student may need to function successfully in a college environment. We ask, therefore that you address the criteria outlined below on professional letterhead or complete the attached verification form. A signed release of information form is enclosed.

CRITERIA FOR DOCUMENTING

ATTENTION DEFICIT HYPERACTIVITY DISORDER

1. A clear statement of the DSM-IV or ICD diagnosis, including past and present symptoms.
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis.
3. Current documentation (age of recency requirement dependent upon the disabling condition)
4. A summary of assessment procedures used to make the diagnosis, including all scores.
5. Medical information to be considered in a college environment, including medication needs.
6. Suggestions of reasonable accommodations (should be supported by the diagnosis).

WEBSTER UNIVERSITY DISABILITY VERIFICATION FORM
STUDENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

STUDENT NAME: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____

I.D. #: _____

DIAGNOSTIC INFORMATION

ICD/DSM-IV diagnosis: _____

Level of Severity: _____ Mild _____ Moderate _____ Severe

Date of diagnosis: _____

What procedures were used to assess/diagnose ADHD? _____

(Please attach a diagnostic report.)

Describe symptoms which meet the criteria for this diagnosis, along with approximate date of onset and original diagnosis: _____

List any other accompanying or concurrent disabilities: _____

(Please attach relevant documentation of these disabilities.)

MEDICATION/TREATMENT INFORMATION

Provide a medication history related to this disability: _____

Is this student currently on medication? _____ Yes _____ No

If yes, please describe any side effects: _____

How long has the student been taking this medication? _____

Is the student still adjusting to or stabilized on the medication? _____

Does the medication need to be monitored locally? _____ Yes _____ No

Does the student continue to need accommodations when utilizing the recommended medications?

INFORMATION SUPPORTING ACCOMMODATION REQUESTS

Describe the student's functional limitations in an educational setting: _____

What measures were used to assess current educational functioning? _____

Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level? (Describe services/ accommodations in exam administration, classroom or study activities, or course requirements). _____

CERTIFYING AUTHORITY

SIGNATURE: _____

PRINT NAME AND TITLE: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **DATE:** _____

**Please accompany this form with a note on your professional letterhead
describing how long and under what conditions you have treated this patient.**