



Albion College

611 East Porter Street
Albion, Michigan 49224

Verification of ADHD

To ensure the provision of reasonable and appropriate services for students with disabilities, Albion College requires students to provide current and comprehensive documentation of their disability and its impact on academic and campus-life experience. To standardize the reporting of information, we ask that you complete the following form. All material will be kept confidential.

Today's Date: __/__/____

Student's Name: _____ DOB: __/__/____

Date of Diagnosis: __/__/____

Date of Last Appointment/Evaluation: __/__/____

Current level of Severity (mild, moderate or severe):

Section I. EVALUATION AND ASSESSMENT*

Indicate instruments and/or procedures used in diagnosis. (Please attach a copy of any formal report or evaluation.)

Instruments/Procedures	
Clinical Interview	
Rating Scales	
Psychological Testing	
Education Testing	
Medical evaluation	
Developmental history	
Other:	



Accessibility Services

<https://www.albion.edu/offices/cutler-center/accessibility-services/r>

Phone: (517) 629-0562 – FAX: (517) 629-0578



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***If this patient was diagnosed prior to coming into your care, please answer by indicating any procedures conducted while under your care. Also indicate date at which patient's first appointment at your office: __/__/____.**

Section II. Present Symptoms of ADHD

Indicate present symptoms that meet the criteria of ADHD:

Inattention

Fails to give attention to detail; careless mistakes	
Difficulty sustaining attention	
Does not listen when spoken to directly	
Does not follow through on projects and homework	
Difficulty organizing tasks and activities	
Avoids or dislikes tasks requiring sustained mental effort	
Loses things	
Distracted by extraneous stimuli	
Forgetful in daily activities	

Hyperactivity

Fidgets with hands and feet	
Difficulty remaining seated	





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Engages in excessive activity	
Often speaks loudly and excessively	
On the go as "driven by a motor"	

Impulsivity

Often blurts out answers	
Difficulty waiting turn	
Interrupts or intrudes	

Section III. Functional Limitations Requiring Accommodation or Services

Indicate expected functional limitations in Academic Areas if any that will require accommodations or services.

Time management	
Organization	
Maintaining concentration in lecture	
Reading Comprehension	
Reading speed	
Exam writing speed	
Exam writing distractibility	
Exam-speed of processing	
Planning and writing papers	
Keeping track of assignments	
Memorization	
Difficulty beginning school tasks (i.e. homework)	
Difficulty sustaining effort (i.e. homework)	
Other:	

Indicate expected functional limitations in Campus Life areas if any will require accommodation or services:





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Section IV. Recommendations for Accommodations/Services and Rationale

Provide recommendations for accommodations at college and rationale based on your knowledge of student:

Area	Accommodations/Services Needs and Rationale
Classroom	
Examinations	
Assignments	
Residential Life	

Section V. Current Treatment and Medication

Counseling___ Counseling and medication____ Medication only___

Name of Medication	Dosage	Frequency





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Section VI. Additional Diagnosis (i.e. Depression, Bipolar Disorder, Learning Disability)

Diagnosis	DSM code	Medication	Current treatment?

SIGNATURE AND CONTACT INFORMATION of Professional

Signature _____ Date _____

Print Name and Title _____

Address _____

Telephone _____ e-mail _____

Return this information to **Accessibility Services at Albion College, 611 East Porter Street, Albion Michigan 49224.**

If you have any questions regarding this report please contact **Accessibility Services at The Cutler** at **517 629-0562** or email **accessibility@albion.edu**

STUDENT RELEASE OF INFORMATION

Release of Information





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I, _____, hereby authorize the exchange and release of the information requested in this form to Accessibility Services at Albion College for the purpose of determining my eligibility for educational accommodation.

I understand that I have the right to revoke my consent but that this revocations is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation regarding the persons or agencies to who disclosure was made shall be included in my original records. The person who receives the records or information to which this consent pertains may not disclose them to anyone else without my separate written consent.

Student's Signature

Date

