

**Hardin-Simmons University
Office of Disability Services**
Sandefer Memorial, Room 107
HSU Box 16158
Abilene, TX 79698
325-670-5842
Fax: 325-670-5862
disabilityservices@hsutx.edu

For HSU Office Use Only:

Date received: _____

APPLICATION FOR DISABILITY SUPPORT SERVICES Clinician Verification Form-ADD/ADHD

TO THE STUDENT: This form must be completed by a qualified and licensed clinician. The HSU Office of Disability Services reserves the right to request additional documentation or contact your clinician for addition information.

I, _____, authorize my health-care provider to release the medical information requested on this form for the purpose of determining appropriate accommodations for my disability while at Hardin-Simmons University.

Signature of patient: _____

Date: _____

TO THE EVALUATOR: The student whose name appears above has applied for academic accommodations with the Office of Disability Services at Hardin Simmons University in Abilene, Texas. In order for eligibility to be determined, we need your clinical assessment/diagnosis of this student. Please carefully complete this form and answer all questions. Copies of reports or assessments may be faxed, but our records must include an original of this sheet which includes your signature and business card. We cannot accept substitutions for this form, however, you may provide supplemental information on official letterhead. Feel free to contact us with any questions or concerns. All information provided to us is confidential. Thank you for your assistance!

Today's Date: _____

Physician/Licensed Clinical Provider Name & Title: _____

State License # _____ Phone: _____ Fax: _____

Address: _____
City State Zip Code

Physician/Licensed Clinical Provider Signature: _____

**ATTACH
BUSINESS CARD**

The HSU Office of Disability Services provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To insure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis.

Diagnosis of an attention deficit disorder should be made by a psychiatrist, doctoral-level licensed clinical or educational psychologist, neurologist, developmental or behavioral physician, or a combination of such professionals. Because the provision of reasonable accommodations is based upon the current impact of the disability on the student's academic functioning, the evaluation must have been performed within the *past three calendar years* or during adulthood (after eighteen years of age).

DSM IV Diagnosis _____

Date of Diagnosis _____

Date of Last Contact with Patient _____

What instruments or procedures were used to diagnose the ADD/ADHD? Please check all the relevant items and provide copies of them.

Clinical Interview

Interview with other persons

Developmental History

Educational History

DSM-V Diagnosis

Behavioral Rating Scale

Neuro-Psychological Testing

Date of testing: _____

Psycho-Educational Testing

Date of testing: _____

Specify other

What is the severity of impairment, duration and expected long-term impact?

Please describe the current symptoms the student is experiencing. Please be aware that we must see ample evidence across settings of pervasive limitations in the student's ability to adjust across their broad spectrum of experience (i.e., across multiple domains including school, home, work, etc.). Please provide compelling data that these symptoms significantly and seriously interfere with normal functioning (compared to the general population, not to the student's peer group). Provide specific examples across two or more life domains and across time.

Please show significant evidence of symptoms and/or behaviors that have persisted ≥ 6 months in ≥ 2 settings (e.g., school, home, church). Symptoms have negatively impacted academic, social, and/or occupational functioning. In patients aged <17 years, ≥ 6 symptoms are necessary; in those aged ≥ 17 years, ≥ 5 symptoms are necessary. A simple yes answer will not suffice. No historical evidence of ADHD/ADD is necessary if you have been diagnosed the ADHD/ADD resulting from a head injury or other similar physical trauma.

Please also include your analysis of the objective data you consulted to verify when symptoms appeared. Data should include things such as: copies of school report cards (many years worth); college, medical, or law school transcripts; prior psychiatric evaluations; prior psychological test reports; prior educational testing records; prior standardized test scores; evidence of prior academic accommodations; any performance evaluations, etc.

Please include all test data. Please be aware that we will not consider any test data in isolation (i.e., without all of the information requested on this form). Please also be aware that the Wechsler Adult Intelligence Scale's Freedom from Distractibility factor is not good evidence of the presence of ADHD/ADD neither are similar estimates based on the Woodcock-Johnson or the Nelson Denny. Please also be aware that a positive response to medications is not sufficient evidence of ADHD/ADD.

If additional space is needed, please attach any explanations/observations to this form on letterhead.

Describe and explain the presence of the relative temporal stability of the symptoms of ADHD/ADD across multiple domains (e.g., school, home, work, social interactions with friends, etc.). Please also provide (in detail) a reasonable explanation(s) for the periods when symptoms seem to abate.

Please provide evidence that the students has a poor history of self-control and disinhibition (i.e., impulsive behavior that is/ was clinically significant and represents a severe departure from normal developmental functioning. Please be aware that inattention alone is a common symptom of nearly every psychiatric disorder.

Please provide evidence of ruling out other psychiatric conditions including but not limited to mood disorders, anxiety disorders, dissociative disorders, personality disorders, learning disorders, sleep disorders, and substance abuse issues. Please also provide evidence of having ruled out academic problems as a result of poor education, poor motivation or study skills, physical problems, and/or cultural or language differences. Please include the criteria in the DSM-V that require you to rule out other disorders (e.g., mood and anxiety disorders, pervasive developmental disorder, etc.)

Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects, **as they relate to academic performance**. Please provide a rationale for why the student will need academic accommodations in addition to medication. Please speak to how or whether the medications mitigate the effect of the ADHD on the student's overall functioning.

Please provide your *recommendations* for **reasonable** academic accommodations **to equalize** this student's opportunities at a post-secondary level. *Include your rationale for arriving at these recommendations and how they would be helpful in **equalizing** the student's opportunities.* Please include any record of student's prior accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful.

* **NOTE:** *under Section 504 and ADA, the notion that a student "would benefit from" a certain accommodation is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities, **not** to "guarantee success" in postsecondary education.*

Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at Hardin-Simmons University.

Return this form and any attachments to:

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