



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs

707.664.2677 • Fax 707.664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

Attention-Deficit Disorder/Hyperactivity Disorder Verification Form

The student named below has applied for services from the Disability Services for Students office at Sonoma State University. In order to determine eligibility and provide services, we require documentation of the student’s psychological disability.

Under the American’s with Disabilities Act Amendments Act (ADAAA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please mail or FAX it to us at the address listed above in our letterhead. The information you provide will *not* be part of the student’s educational records, but will be kept in the students file in the DSS office, where it will be kept strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student’s Name: _____ Date of Birth: _____

Today’s Date: _____ Date of Diagnosis (Below): _____

Date Student was last seen: _____ Length of Services: _____

DSM 5 Diagnosis:

DSM -IV Diagnosis:
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V (GAF score): _____

1. Please provide specific information about the academic limitations and severity of symptoms this student encounters as a result of his/her ADHD.

<u>Limitation</u>	<u>No Impact</u>	<u>Moderate Impact</u>	<u>Substantial Impact</u>	<u>Don't Know</u>
Concentration				
Organization				
Sustained Focus				
Memory				
Understanding Directions				
Managing internal distractions				
Managing external distractions				
Activation/initiating to work				
Timely submissions of assignments				
Stress management				
Other (please describe)				

2. Is this student taking medication(s) for ADHD? Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

3. Do limitations/symptoms persist even with medications?

4. Is there anything else you think we should know about this student's disability?

The diagnosing professional must have expertise in the differential diagnosis of the documented disability and follow professional practices in the field.

Certifying Professional:

Printed name: _____

Signature: _____

License number: _____

Address: _____

Telephone: _____

Fax: _____