

**JOHNSON**   
**STATE COLLEGE**  
\_\_\_\_\_  
**JOHNSON, VERMONT**

**AD/HD Disability Verification Form  
To Be Completed By  
Psychiatrist / Psychologist /or Diagnosing Physician**

Eligibility requirements for support services for students with Attention Deficit Disorder:

1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provisions of reasonable and appropriate services for students with Attention Deficit Disorder at Johnson State College, students needing such services are required to provide current and comprehensive documentation of their disability. This documentation should include information that diagnoses the ADD, describes the attentional difficulties and the functional limitation in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for treatment. To facilitate the gathering of such critical information, we ask that you respond to the following questions. A different questionnaire addressing the provision of academic accommodations for this student has also been sent to the school/school district.

**Please provide the following information about** \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

**I** \_\_\_\_\_ **give permission for the release of information to Johnson State College**

(Student's signature) \_\_\_\_\_

1. DSM Diagnosis: \_\_\_\_\_

2. Level of Severity: (Circle one) **Mild**      **Moderate**      **Severe**

3. Date of Diagnosis: \_\_\_\_\_

Last contact with student: \_\_\_\_\_

4. What procedures were used to assess/diagnose ADD? (Please attach a diagnostic report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset:

\_\_\_\_\_  
\_\_\_\_\_

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6. Describe this student's functional limitations in an educational setting:

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7. What measures were used to assess current educational achievement?

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8. 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.)

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9. Please provide a medication history related to this disability.

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Is this student currently on medication? (If yes, state medication and dosage)

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Does this medication need to be monitored locally? \_\_\_\_\_

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Does this student continue to need the above services or accommodations when utilizing any recommended medication? \_\_\_\_\_

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In addition to the diagnosis report, please attach other information relevant to this student's academic adjustment. \_\_\_\_\_

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Signature of Diagnostic Practitioner

Date

Print Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Please Return This Form and Supporting Materials To:**

The Learning Specialist  
Academic Support Services  
Johnson State College  
337 College Hill  
Johnson, VT 05656

Telephone: 802-635-1259

TTY: 802-635-1456

FAX: 802-635-1454

[www.jsc.vsc.edu](http://www.jsc.vsc.edu)