

JOHNSON 
STATE COLLEGE

JOHNSON, VERMONT

AD/HD Disability Verification Form
To be completed by
School Personnel (School Psychologist/ Special Educator)

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, which describes their attention difficulties in an educational setting, explains their impact on academic achievement, and delineates the services provided by the school/school district to accommodate these difficulties. To facilitate the gathering of such critical information, we ask that you respond to the following questions. A different questionnaire addressing the diagnosis of ADD/ADHD for this student has also been sent to the diagnosing physician, psychiatrist, or psychologist.

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:

(Signature of student) _____

1. Has this student been identified and/or served as a disabled student in your school/school district? _____
2. What information is there in the school records which describes this student's difficulties with attention, concentration, over-anxiety and organization? Please describe the information and the difficulties.

3. When were these difficulties first observed? _____
4. How has this student's ADD/ADHD interfered with his/her academic achievement?

5. What measures have been used to assess current educational achievement? _____

Please attach educational evaluation and scores.

6. What services including accommodations (exam modifications, academic adjustments, auxiliary aids, etc.) and tutoring has this student received for his/her attention difficulties in your school/school district?

Accommodations:

Tutoring (Type,frequency) _____

Other (Please describe)

7. What accommodations and services do you feel this student will need at the post-secondary level to equalize educational opportunities?

8. In addition to the educational evaluation, please attach any other information relevant to this student's academic adjustment.

Signature of School Personnel

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