

**Verification of Disability
For Students with Attention Deficit Disorder**

Please have your Medical Doctor or your Clinical or Counseling Psychologist complete this form or use it as a basis for their narrative summary

(Student's Name)

(Social Security Number)

is a patient of yours who attends or plans to attend Lakeland College. This student has indicated to the College that he or she has been diagnosed with Attention Deficit Disorder and plans to request accommodations to equalize his or her educational abilities at the post-secondary level.

Please complete this form or use it as the basis of a narrative summary and return it to:

Paul M. White
Director, Academic Resource Center
Lakeland College
P.O. Box 359
Sheboygan, WI 53082-0359

The Lakeland College Accommodations Review Committee will use the information you provide, along with other relevant information, in consideration of this student's request for educational accommodations. If you have any questions about the information requested or how the information will be used, please contact the Director of the Academic Resource Center at Lakeland College at 920-565-1412.

Thank you.

Diagnostic Information

1. DSM-IV
diagnosis: _____
2. Level of severity: (Check One) ☐ Mild ☐ Moderate ☐ Severe
3. Date of diagnosis: _____

4. What procedures were used to assess/diagnose ADD? (Please attach physician's diagnostic report and any concurring psychiatric and psychological evaluations.)
5. Describe the symptoms that meet the criteria for this diagnosis, along with approximate date of onset:
6. Does this student have other accompanying disabilities, such as depression, learning disabilities, obsessive-compulsive disorder, etc.? (If yes, please attach relevant documentation of accompanying disabilities.)

Educational Information

1. Describe the student's functional limitations in an educational setting:
2. What measures were used to assess current educational functioning?

3. Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level? (Please describe your recommendations for services/accommodations in exam administration, or in-class accommodations.)

Other Information

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

Certifying Authority

Signature: _____

Print name and title: _____

License: _____

Address: _____

Phone: _____ Fax: _____

Date: _____