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Note:

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322 Willard Administrative Center , 107 UCB
Boulder, Colorado 80309-0107
303-492-8671 (Voice) 303-492-6106 (TTY) 303-492-5601 (Fax)
<http://www.colorado.edu/disabilityservices>

Disability Services ADD/ADHD VERIFICATION

Student Data and Release of Information:

Last Name _____ First _____ MI _____

Student ID#: _____ Date of Birth _____

I authorize _____ to release information
pertinent to my ADD/ADHD diagnosis to Disability Services at the University of Colorado, Boulder.

Signature _____ Date: _____

Evaluator: Please type or print legibly, or this form can be found on the quick links section at the bottom of our home page: www.colorado.edu/disabilityservices . This form must be filled out *completely* so that Disability Services can best serve the student.

Date of Assessment: _____

DSM-IV Diagnosis

Axis I: Descriptor _____	Code _____
Descriptor _____	Code _____
Axis II: Descriptor _____	Code _____
Axis III: Descriptor _____	Code _____
Axis IV: Descriptor _____	Code _____
Axis V: Descriptor (GAF score) _____	Code _____

Disorders found in the DSM-IV are not always disabling conditions. Determining reasonable accommodations based on a disabling condition requires more extensive information than that which may be acceptable for treatment purposes only.

Self report alone is insufficient data.

Diagnostic Battery

Diagnostic assessment should:

- Consist of more than a self-report.
- Be a combination of assessment methods.
- Include standardized measures for attentional issues. **Attach copy of test results with standardized scores and discussion.**

Early Impairment/History

Age of onset of symptoms: _____

Age of first diagnosis: _____

List ADD symptoms observed in early childhood as described by someone who knew the student well (i.e., parent, sibling, teacher, or longtime friend):

Who provided the information? _____

Describe previous assessments, accommodations, and treatment: _____

ADHD Rating Scales: _____

Interview/history: _____

Additional anecdotal information: _____

Evidence of Current Impact

List the current ADD symptoms: _____

How does the disorder impact daily life? _____

How does the disorder impact current functioning socially? _____

How does the disorder impact current functioning in a work setting? _____

How does the disorder impact academic functioning in the classroom and in individual study?

Does the impact of the diagnosis rise to the level of a disabling condition? _____

Mitigating Measures and Treatment

Since reasonable accommodations are based on the current impact of a disability, documentation must address the effects of treatment and/or medication on the individual's present functioning.

What medications have been prescribed _____

How well do they manage symptoms? ____ Using a 1-5 scale (1=least effective), please rate effectiveness:

1 2 3 4 5

Please describe the follow-up treatment: _____

Recommended Accommodations

Recommend accommodations:

Rationale:

_____	_____
_____	_____
_____	_____

Certifying Professional (Must be MD or PhD)

Name _____ Credentials _____

Address _____

Phone _____ License/Certification # and state _____

Evaluator's signature _____

Intern (if appropriate) _____

Supervisor Signature _____

All documentation is confidential and should be submitted to:

Disability Services, University of Colorado at Boulder
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Voice: 303-492-8671, Fax: 303-492-5601
www.colorado.edu/disabilityservices Email: dsinfo@colorado.edu