

4015 James H. Zumberge Hall
1 Campus Drive
Allendale, MI 49401
www.gvsu.edu/dsr



OFC: (616) 331-2490
TDD: (616) 331-3270
Fax: (616) 331-3880
E: dsrgvsu@gvsu.edu

Verification Form for Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)

Grand Valley State University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective auxiliary aids and services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the University's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that ADHD/ADD conditions in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

The office of Disability Support Resources (DSR) strives to insure that qualified persons with ADHD/ADD conditions are accommodated, and if possible, that the accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life functions.

This form is designed to allow us to achieve these goals. Persons who wish to receive academic adjustments due to ADHD/ADD need to have this form filled out by a certified physician. The physician completing the verification form must have first-hand knowledge of the person's condition, must have experience diagnosing and treating the condition, and will be an impartial professional who is not related to the student.

Student Information

Last Name _____ First _____ Middle Initial _____
Date of Birth _____ Address _____
Phone _____ City _____ State _____ Zip Code _____

Certifying Professional (This section must be completed by the certifying professional)

Name _____

Credentials _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____

License/Certification number and State of Licensure _____

REQUIRED

Attach Business Card Here

Or

If Submitting Electronically, Denote Your Office Web Address

Years of experience working with individuals with ADHD _____

Date of initial contact with patient _____

Date of last contact with patient _____

DSM 5 Diagnosis:

Axis I _____

Axis II _____

Axis III _____

Axis VI _____

Axis V _____

Date of Diagnosis _____

Basis on which Axis I and Axis II diagnosis was made:

If psychological tests were used, please include all tests and scores used to support the diagnosis:

Current medications (including dosage and side effects that the student has, or is experiencing):

Long-term medication treatment plan:

Current compliance with medication treatment plan:

Prognosis for medication plan (Include likelihood of improvement or further deterioration and within what approximate time frame):

Planned therapeutic interventions and its nexus to the disability (i.e., psychotherapy, medication, self-management):

Prognosis for therapeutic interventions (Include likelihood of improvement or further deterioration and within what approximate time frame):

Current compliance with therapeutic interventions:

Implications for Educational Success (For Students Requesting Academic Accommodations Only)

Learning abilities specific to the post-secondary environment that are impaired by ADHD/ADD (e.g. difficulty with concentration, slow processing speed, etc.) and any objective evidence to support the degree of impairment:

What are limitations that this student will encounter in taking exams and participating in other classroom activities which are caused by ADHD/ADD or the medications that he/she is taking? Please specify the exact nature of the limitations and how severe they are:

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Please specify the necessary accommodations for academic success. Why?

If you have any questions regarding the nature of the information needed for ADHD/ADD, please call Disability Support Resources at (616) 331-2490, Monday through Friday from 8:00 am to 5:00 pm Eastern Standard Time. This form should be returned to Grand Valley State University, 4015 James H. Zumberge Hall (4015 JHZ), 1 Campus Drive, Allendale, Michigan, 49401.

SIGNATURE OF CERTIFYING OFFICIAL

DATE