



Disability Support Services • 411 North Front Street • Wilmington, North Carolina 28401-3993
 Phone (910) 362-7800 • Fax (910) 362-7113

DISABILITY VERIFICATION FOR ADD/ADHD

I, (STUDENT) _____, hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation, as based on the federal guidelines for the definition of a disability. If you have any questions, please contact **Disability Support Services**, Cape Fear Community College, 411 N. Front Street, Wilmington, NC 28401.
 PHONE: 910-362-7800 FAX: 910-362-7113

 Date Signature of Student Date of Birth

Diagnostic Code (ICD or DSM V) _____

Level of Severity: _____ Mild _____ Moderate _____ Severe

Date of Diagnosis: _____

Date of Last Visit: _____

PLEASE CHECK THE APPROPRIATE DIAGNOSTIC CRITERIA FOR ADD/ADHD

A. Either: (1) Inattention or (2) Hyperactivity-Impulsivity AND (3) EVIDENCE OF IMPAIRED LEARNING

(1) Inattention

- _____ a) often fails to give close attention to details or makes careless mistakes in school work, work, or other activities
- _____ b) often has difficulty sustaining attention in tasks or play activities
- _____ c) often does not seem to listen when spoken to directly
- _____ d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- _____ e) often has difficulty organizing tasks and activities
- _____ f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- _____ g) often loses things necessary for tasks or activities
- _____ h) is often easily distracted by extraneous stimuli
- _____ i) is often forgetful in daily activities

(2) Hyperactivity-Impulsivity

- _____ a) often fidgets with hands or feet or squirms in seat
- _____ b) often leaves seat in classroom or in other situations in which remaining seated is expected
- _____ c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness)
- _____ d) often has difficulty playing or engaging in leisure activities quietly
- _____ e) is often "on the go" or often acts as if "driven by a motor"
- _____ f) often talks excessively
- _____ g) often blurts out answers before questions have been completed
- _____ h) often has difficulty awaiting turn
- _____ i) often interrupts or intrudes on others

(3) Significant impairment in academic functioning (must be completed)

Evidence of a significant impairment to learning MUST accompany this documentation. This evidence must include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. These recommendations must be supported with specific test results or clinical observations.

Academic Impairment

Academic Accommodation Recommended

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ B. Several hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 12 years.

_____ C. Some impairment from the symptoms is present in two or more settings.

_____ D. The symptoms do NOT occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.

Was medication prescribed? _____ If yes, what? _____

Response to medication _____

Have you recommended any type of therapy? _____

Provider's Name _____ Title _____

Address _____ Phone _____

Signature _____ Date _____