DISABILITY VERIFICATION FOR STUDENTS WITH MENTAL HEALTH DISABILITIES INCLUDING ADHD

The student named on the following page has asked to register with Disability Support Services (DSS) at Towson University.

Under the Americans with Disabilities Act as amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. Federal law defines a disability as a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, concentrating, and thinking). As part of the interactive process to determine what, if any, reasonable accommodations may be provided, DSS requires current and comprehensive documentation of the student’s impairment. A diagnosis alone does not automatically qualify a student for accommodations. Disability documentation is reviewed by DSS staff on a case-by-case basis and, in addition, DSS staff will meet directly with the student to determine eligibility for services.

Qualified Professional: The diagnosis must be provided by a licensed and/or certified mental health professional such as a psychiatrist, neurologist, nationally certified school psychologist, clinical psychologist, licensed clinical social worker, certified psychiatric nurse practitioner or licensed certified professional counselor. The diagnostician must be an impartial individual who is not a close friend of the family or a family member of the student.

After completing this form, please fax or mail it to DSS at the address above. The information you provide will be maintained in a secure and confidential file within the DSS office. Please contact the DSS if you would like further information. Thank you for your assistance.

*Please note: This form must be completed in its entirety to be considered as acceptable documentation.
Disability Verification for Students with Mental Health Disabilities Including ADHD

To be completed by the student’s evaluator

Student’s name______________________________________________________ DOB____________________

Today’s date________________________ Date student was first seen_______________________________

Date student was last seen________________________ How often do you see this student? ______________

DSM-5 Diagnosis(es) and Diagnostic code(s)_____________________________________________________

Diagnostic Criteria____________________________________________________________________________
_____________________________________________________________________________________________
Specifiers_____________________________________________________________________________________
Current Severity________________________________________________________________________________
Rule Outs_____________________________________________________________________________________

1. In addition to the DSM-5 criteria, how did you arrive at your diagnosis? Check all that apply and include relevant findings to a checked area.

☐ Interview with student _________________________________________________________________

☐ Interview with significant others ________________________________________________________

☐ Behavioral observations ________________________________________________________________

☐ Developmental history _________________________________________________________________

☐ Medical History ________________________________________________________________

**Checklist continued on page 2**
Disability Verification for Students with Mental Health Disabilities Including ADHD

**Checklist continued from page 1**

- [ ] Pharmacological history___________________________________________________________
  
- [ ] Psychological testing____________________________________________________________
  
- [ ] Comprehensive psycho-educational testing__________________________________________
  
- [ ] Educational testing______________________________________________________________
  
- [ ] Rating scales for ADHD(check all that apply)
  - [ ] Conners - 3
    Date assessed________________Specify scale(s) used______________________________
  - [ ] Conners Comprehensive Behavior Rating Scale
    Date assessed________________
  - [ ] Brown Attention Deficit Disorder Scales
    Date assessed________________Specify Adolescent_______ or Adult _______
  - [ ] The Test of Variables of Attention (T.O.V.A.)
    Date assessed________________
  
- [ ] Mood rating scales
  - [ ] Specify scale(s) used___________________________________________________________
    Date assessed________________
  
- [ ] Other – indicate any other rating scale used to arrive at your diagnosis
  ________________________________
Disability Verification for Students with Mental Health Disabilities Including ADHD

2. Please list any coexisting conditions, including medical disabilities and learning disabilities that should be considered when determining accommodations. Provide diagnosis, dates of prior testing and name of evaluator.

3. Identify the level of impact the student’s mental health disability has on major life activities and learning.

   1= Unable to Determine  2= No Impact  3= Mild Impact  4= Moderate Impact  5= Substantial Impact

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Major Life Activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Learning</th>
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<td></td>
<td>Maintaining appropriate hygiene</td>
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<td>Memory</td>
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<td>Talking</td>
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<td>Concentrating</td>
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<td>Hearing</td>
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<td>Seeing</td>
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<td>Organizing/Prioritizing/Planning</td>
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<td>Breathing</td>
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<td>Managing external distractions</td>
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<td>Sitting</td>
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<td>Managing internal distractions</td>
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<td></td>
<td>Walking</td>
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<td>Timely submission of assignments</td>
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<td>Standing</td>
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<td>Attending classes and appointments as scheduled</td>
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<td>Eating</td>
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<td>Managing deadlines</td>
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<td>Sleeping</td>
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<td>Collaborating with classmates on group projects</td>
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<td>Performing Manual tasks</td>
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<td>Managing stress</td>
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<td>Lifting/Carrying</td>
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<td>Reading</td>
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<td>Interacting with others</td>
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<td>Writing</td>
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<td>Spelling</td>
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<td>Test taking</td>
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<td>Processing Speed</td>
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Disability Verification for Students with Mental Health Disabilities Including ADHD

4. Describe current symptoms that impact the student’s ability to perform in a college setting.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

5. What is the student’s prognosis?

_____________________________________________________________________________________________

6. How long do you anticipate that the student’s performance in a college setting will be impacted by the disability?

□ 6 months □ 1 year □ 1-2 years □ on-going □ unknown

7. Have there been any changes in the student’s condition in the past 12 months? If yes, please explain.

□ No
□ Yes __________________________

_____________________________________________________________________________________________

8. Have there been any significant life events that have impacted the student’s ability to learn and/or complete major life activities in the past 12 months?

□ No
□ Yes __________________________

_____________________________________________________________________________________________

10. List medications the student is currently taking.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Side Effects</th>
<th>Academic Impact</th>
<th>Persistence of Symptoms</th>
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</table>
Disability Verification for Students with Mental Health Disabilities Including ADHD

11. Is there anything else you think we should know about the student’s mental health disability and their ability to function academically and socially in a college environment?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

12. Indicate your recommendations and justifications regarding reasonable classroom and/or testing accommodations in the college environment.

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<tr>
<th>Recommended Accommodation</th>
<th>Justification</th>
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**Please note:** A reasonable accommodation is a modification or adjustment to a course or program that eliminates or minimizes disability-related barriers and enables a qualified student with a disability to participate. At the college level, the purpose of an accommodation is to correct or circumvent a functional impairment rather than to ensure a student’s success. In reviewing the accommodation requested by the student or recommended by an evaluator, the DSS office may find that the accommodation is not appropriate given the requirements of a course or program. DSS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.

Printed Name/Credentials/Field: ______________________________________________________________

Signature: __________________________________________ Date: _____________________________

License Number: ________________________________________________________________

Address: __________________________________________________________________________

Telephone: ___________________________ Fax: ___________________________