

UNIVERSITY OF INDIANAPOLIS

DISABILITY RESOURCES & BUILD

Disability Resources and Build

1400 East Hanna Avenue
Schwitzer 001
Indianapolis, Indiana 46227-3697
(317) 788-3536
Email: ssd@uindy.edu

Verification of Attention Deficit / Attention Deficit Hyperactivity Disorder

Qualified Professional's Statement

Today's Date: _____

Student Name: _____

Home Address: _____

Telephone: _____

The University of Indianapolis student named above is requesting accommodation(s) due to his/her ADD or ADHD under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification be provided by a qualified professional. For specific documentation guidelines, visit www.uindy.edu/ssd. The documentation and information provided must include information that diagnoses the ADD/ADHD, describes the ADD/ADHD in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for necessary accommodation(s).

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis' Services for Students with Disabilities.

Please provide the following information:

Diagnosis (DSM-IV criteria): _____

Level of Severity (Circle one): Mild Moderate Severe

Date of diagnosis: _____ Date of last contact with student: _____

Describe the measures used to assess the diagnosis: _____

Provide a summary of the student's educational or medical history that may relate to the ADD/ADHD disorder (*Must provide information regarding onset, longevity, and severity of symptoms, as well as specifics related to how it has interfered with educational achievement*). Notations of medications (if any) should be included:

Describe the current functional limitations resulting from the disability or condition (*i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting*):

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.

Is there any other diagnosis that we need to be aware of: _____

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

Address: _____

Daytime Telephone Number: _____

Return this verification form and attach necessary copies, marked *Confidential*, to the address below or scan to ssd@uindy.edu:

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Disability Resources and Build will use the information on this form to determine the student's eligibility for disability support services. Disability Resources is committed to ensuring that all information and communication pertaining to a student's disability is kept confidential as required by law.