

Verification Form for Students with
Psychological Disabilities and Attention-Deficit/Hyperactivity Disorder

Students seeking support services from Student Support Services on the basis of a previously diagnosed psychological disability or Attention-Deficit/Hyperactivity Disorder (AD/HD) are requested to submit documentation that verifies their eligibility under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and the ADA Amendments Act. The documentation should describe a disabling condition, which is defined by the presence of substantial limitations in one or more major life activity. This form is intended to guide the documentation process. Please contact (813) 974-4309 with any questions. It is the responsibility to ensure that SDS receives this form or other appropriate documentation.

All documentation submitted is considered confidential.

Original copies of documentation will not be returned.

<u>Student Information :</u>	
Name: _____	
U Number: _____	Phone: _____
USF Email: _____	Date: _____

<u>Provider Information:</u>

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Information below is to be completed by the Provider.

1. *If available*, please list all DSM or ICD Diagnoses (text and code)

- a. Date diagnosed: _____
b. Date of your last clinical contact with student: _____

2. Evaluation

- a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

Structured or unstructured interviews with student.
Interviews with other persons (i.e. parent, teacher, therapist).
Behavioral observations.
Neuropsychological testing. Attach documentation.
Psychoeducational testing. Attach documentation.
Other (Please specify).

- b. Current treatment being received by student:

Medication management:

Current medications: _____

Outpatient therapy:

Frequency: _____

Group therapy:

Frequency: _____

Other (please describe):

- c. Approximate age of onset: _____

- d. Severity of symptoms

Mild

Moderate

Severe

- e. Prognosis of disorder:

Good

Fair

Poor

Please explain

3. Functional Limitations

a. Does this condition significantly limit one or more of the following major life activities?

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Communicating				
Concentrating				
Hearing				