



RELEASE OF INFORMATION

FOR VERIFICATION

The clinician
will complete the verification form.

I, _____, hereby authorize the release of the following information as well as any pertinent documentation to the Student Accessibility Services at Florida Atlantic University for the purpose of determining my eligibility for accommodations.

1 p q L N _ p ^ m 1 V T A p q I N _____ P10. 0 095 561.84on<<v 09n ET Q q

1 p q L N _ p ^ m ? œ _____ Date of Birth: _____

Check the applicable box below to determine how SAS will receive the verification form:

Please return the completed verification form to client/student.

Please return the completed verification form to the Student Accessibility Services office:

Florida Atlantic University - Boca Campus
Student Accessibility Services
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880 fax: 561.297.2184

Florida Atlantic University - Jupiter Campus
Student Accessibility Services
5353 Parkside Drive, SR 111F
Jupiter, FL 33458
tel: 561.799.8585 fax: 561.799.8819



STUDENT ACCESSIBILITY SERVICES ADHD VERIFICATION FORM

This form should be completed **ONLY** by the clinician .

Important : Please note, changing an existing document after it has been signed, faking a signature, or making a false document are all considered to be a forgery.

CLINICIAN NAME (PRINTED) _____

SIGNATURE OF CLINICIAN: _____

CREDENTIALS _____ SPECIALTY _____

LICENSE/CERT. # _____ STATE _____

DATE: _____

My signature verifies that I am or have been this student's treating health care professional and that all the contents below are true and accurate.

1 p q L N ~~Name~~ _____

DSM 5 DIAGNOSIS

- ' 314.00 (F90.0) ADHD, p predominantly inattentive presentation
- ' 314.01 (F90.1) ADHD, p predominantly hyperactive / impulsive presentation
- ' 314.01 (F90.2) ADHD, combined presentation

Specifiers:

- ' In partial remission
- ' Mild
- ' Moderate
- ' Severe

Date of diagnosis : _____

Medication (if applicable):

Medication _____ Dosage _____
Medication _____
Dosage _____
Side effects _____

FUNCTIONAL LIMITATIONS /ACADEMIC BARRIERS

x i] A V _ U a w p U N m p q L N _ p ~ m i m p a c t i n e m p a c a d e m i c a l l y ^ . m

ADDITIONAL INFORMATION

CURRENT SYMPTOMS

314.00 (F90.0) ADHD, p redominantly i nattentive presentation

‘ Fails to give close attention to details or makes careless mistakes (e.g., overlooks or misses details, work is inaccurate).

‘ Often has difficulty sustaining attention in tasks (e.g., difficulty remaining focused during lectures, conversations, or lengthy reading) .

‘ Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction) .

‘ Often does not follow through on instructions and fails to finish schoolwork or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

‘ Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

‘ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; preparing reports, completing forms, reviewing lengthy papers).

‘ Often loses things necessary for tasks or activities (e.g., school materials, books, tools, wallets, keys, paperwork, eyeglasses, mobile phones).

‘ Is often easily distracted by extraneous stimuli , including unrelated thoughts.

‘ Is often forgetful in daily activities (e.g., doing chores, running errands, returning calls, paying bills, keeping appointments).

314.01 (F90.1) ADHD, p redominantly hyperactive / impulsive presentation

‘ Often fidgets with or taps hands or feet or squirms in seat.

‘ Often leaves seat in situations when remaining seated is expected (e.g., leaves his/her place in the classroom or workplace) .

‘ Often feels restless.

‘ Often unable to engage in leisure activities quietly.

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still for extended time).

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