



Verification Form for Attention Deficit Disorders (AD/HD)

Colorado Christian University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the College programs and services. Federal law defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In order to provide reasonable and appropriate services for students with Attention Deficit Disorders, students are required to provide current and comprehensive documentation of their disability.

This form should be filled out by a **psychologist or medical professional** and is designed to verify diagnosis and direct the services to students with disabilities, located in the Life Directions Center (LDC) in servicing the student with necessary accommodations. Please fill out this form as comprehensively as possible and include any written reports (A copy of documentation requirements for written reports is included).

Release of Information

I, _____, hereby authorize the exchange and release of the following confidential information to the Life Directions Center and Colorado Christian University for the purpose of determining my eligibility for educational accommodations.

_____ Date

_____ Student's Signature

Student Information (this section to be completed by the student)

Student Name: _____ Student ID: _____

Date of Birth: _____ Phone: (_____) _____

CCU Box # or Address: _____

Major: _____

Class Status: Freshman Sophomore Junior Senior Transfer New Student

Returning Student

Documentation Requirements for an Attention Deficit Disorder

Attention Deficit/Hyperactive Disorder (AD/HD) is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for this disorder are practitioners who have been trained in the assessment of AD/HD and are experienced in assessing the needs of adult learners. Recommended practitioners may include developmental pediatricians, neurologists, psychiatrists, licensed clinical or educational psychologists, family physicians, or a combination of such professionals. The diagnostician must be an impartial individual who is not a family member of the student.

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The following documentation requirements will assist the service provider in collaborating with each student to determine appropriate accommodations. Documentation serves as a foundation that supports a student's request for appropriate accommodations. Recommended documentation includes all of the following:

1. A clear statement of ADD or AD/HD with the DSM-IV diagnosis (including which DSM-IV criteria were met) and alternative diagnoses or explanations should be ruled out;
2. Documentation for eligibility must be current, within the last three years; (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's specific request for accommodations);
3. A summary of the client's self report of past history (to demonstrate childhood onset and rule out other causes for the difficulties), past treatment and/or remediation history (if no previous treatment or remediation, why not), the chronic and pervasive nature of the condition as manifested in multiple settings;
4. A summary of hard data to support the client's self report (for example, performance reviews, past academic reports, reports from significant others, etc.);
5. A summary of the testing measures used to document the disabling condition (including standardized scores of all subtests as well as overall standardized test scores);
6. A conclusive summary that presents the sound rationale for the diagnosis based on the information presented, information gathered and tests administered;
7. A statement of the functional impact or limitations of the disorder or disability on learning or other major life activity and the degree to which it impacts the individual;
8. Medical information relating to the student's needs must include the impact of medication on the student's ability to meet the demands of the postsecondary environment;
9. Recommendations of strategies and accommodations that would be appropriate for the student based on the information gathered, testing results, and observations of performance.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. The student and the Disability Specialist will collaborate regarding accommodations with the final decision made by the disability specialist.



Certifying Professional

Name/Title: _____

Address: _____

Phone: (____) _____ Fax: _____

License/Certification # and state of licenser: _____

Diagnosis:

DSM-IV Diagnosis:

Date of Diagnosis: _____ Age of student: _____

Please list procedures/assessments used to diagnose the student's condition as well as the results revealed.
(Please attach copy of your diagnostic report.)

Please list the diagnostic criteria met for the diagnosis of AD/HD.

What treatment and/or medication have been prescribed?

Please list and/or describe the student's functional limitations.



Implications for Educational Success

Based on the results of your evaluation, what recommendations would you suggest for academic accommodations. Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed. (Please list and write an explanation for reasonable educational accommodations.)

(Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.)