

RELEASE OF INFORMATION

FOR VERIFICATION OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER

The student completes the following:

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 academic accommodations.

Student's Signature _____

Phone: _____

Student's Z# _____

Date of Birth: _____

☐ Please return paperwork to client/student.

☐ Please return the completed information to the campus checked below:

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

☐ Florida Atlantic University
Student Accessibility Services
3200 College Avenue, LA 131
Davie, FL 33314
tel: 954.236.1222 fax: 954.236.1123

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

ADHD VERIFICATION FORM

Student's Name _____

DSM 5 DIAGNOSIS

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

Specifiers:

- ☐ In partial remission
- ☐ Moderate
- ☐ Mild
- ☐ Severe

Date of diagnosis: _____

Medication (if applicable):

Medication _____ Dosage _____
Medication _____ Dosage _____

Side effects _____

FUNCTIONAL LIMITATIONS

Explain how the student's current symptoms impact academic endeavors.

ADDITIONAL INFORMATION

CURRENT SYMPTOMS

314.00 (F90.0) ADHD, predominantly inattentive 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, predominantly 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.
- ☐ Is often "on the go," acting as if "driven by a motor" (e.g., unable or uncomfortable being still for extended time).
- ☐ Often talks excessively.
- ☐ Often blurts out an answer before a question has been completed (e.g., completes people's sentences, cannot wait for turn in conversation).
- ☐ Often has difficulty waiting his/her turn (e.g., while waiting in line).
- ☐ Often interrupts or intrudes on others (e.g., butts into conversations or activities; may start using other people's things without asking or receiving permission; may intrude into or take over what others are doing).

314.01 (F90.2) ADHD, combined presentation – Check all of the above that apply.

CLINICIAN'S NAME (Printed) _____

SIGNATURE _____ DATE _____

CREDENTIALS _____

SPECIALTY, IF ANY _____

LICENSE/CERT. # _____ STATE _____

****Please attach your business card (if available).***