



# The University of Vermont

## ACCESS/Academic Support Programs Disability Verification for Students with Attention Deficit Disorders

The student listed below is seeking disability-related services and accommodations at the University of Vermont. In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities, particularly learning.

To best understand our overall Documentation Guidelines and before completing this form, please visit:

<http://www.uvm.edu/access/?Page=docguidelines/docguidelines.html&SM=docguidelines/docsubmenu.html>

Students whose conditions create a substantial or severe limitation to learning or other major life activities may request modifications or accommodations to courses, programs, or activities at UVM.

This form should be completed by an appropriate licensed professional, such as the diagnosing psychiatrist, psychologist, or clinical social worker. Alternatively, students can submit psychoeducational testing. More information on this level of documentation can be found at:

<http://www.uvm.edu/access/?Page=docguidelines/adhd.html&SM=docguidelines/docsubmenu.html>

Consultation on what information to provide is available. Contact: [Laurel.Cameron@uvm.edu](mailto:Laurel.Cameron@uvm.edu)

**Student completes this section:**

Permission to release information to University of Vermont

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name:** (please print) \_\_\_\_\_ **UVM Student ID:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Campus Address** (if applicable): \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Professional completes this section:**

**Disability History/Diagnostics:**

DSM IV Diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subtype (if applicable): \_\_\_\_\_

Level of Severity (circle one): Mild   Moderate   Severe

Global Assessment of Functioning Scale (if available): \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Disability History/Diagnostics [continued]:**

Describe procedures used to establish diagnosis:

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Describe symptoms or test findings that meet criteria/support the diagnosis and approximate date of onset:

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Describe the student's functional limitations in an educational setting and degree to which functioning is impaired; please include information about the impact of medication side effects, if relevant:

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Describe procedures you used to assess these limitations:

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Describe any discrepancies between aptitude and achievement:

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Describe procedures used to assess current level of aptitude and academic achievement:

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If this student has previously been identified as disabled, describe services provided:

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**Medication/Treatment:**

Length and type of treatment:

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Has the student used alternative methods/treatments for this disorder? If so, please provide specifics as related to the environment of Higher Education:

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Is the student currently using medication?      Yes \_\_\_\_\_ No \_\_\_\_\_

**Medication/Treatment [continued]:**

If student is using medication, please provide medication history:

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Will student require local treatment/follow-up? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have arrangements been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student need services and accommodations when utilizing recommended treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last clinical contact with student: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Recommendations/Additional Information:**

Please list specific recommendations (based upon assessment, the student's clinical and academic history, functional limitations and diagnosis) for accommodations and/or support services that you believe will equalize the student's ability to access the University of Vermont's educational program.

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Please provide any additional relevant information [such as diagnostic reports, etc.] you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist ACCESS in determining reasonable and appropriate accommodations and interventions.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name, Title (please print): \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

State of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Please return this form to:**

ACCESS, Disability Services  
A170 Living/Learning Center  
University of Vermont  
Burlington, Vermont 05405-0396  
Phone: (802)656-7753 FAX: (802)656-0739  
Email: [access@uvm.edu](mailto:access@uvm.edu)