

Aquinas College Accessibility Services Office

1700 Fulton St. E., Wege Center Room 103

Grand Rapids, MI 49506

P: (616) 632-2177 / F: (616) 732-4467

Disability Verification: Attention Deficit Hyperactivity Disorder

Aquinas College is required by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (1990), and the Americans with Disabilities Amendment Act (2008) to provide accommodations that are needed for equitable access to the College's programs and services.

Federal law defines a disability as a "physical or mental impairment which substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that any diagnosed condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" a major life activity.

Aquinas College Accessibility Services Office strives to provide accommodations for qualified students. By law, this office is unable to modify requirements that are essential to the course or program, or provide accommodations for persons whose impairments do not substantially limit one or more major life activity. Students seeking services must provide appropriate medical documentation in order for this office to determine eligibility for accommodations and, if eligible, determine appropriate accommodations.

Students who are requesting accommodations due to a mental health condition need to have this form completed by a licensed psychiatrist, psychologist, or other qualified and licensed mental health professional. Professionals completing this form must have first-hand knowledge of the student's condition, and ideally experience diagnosing and treating college students. Diagnosis of a disability by a family member is not acceptable.

Student Information

To be completed by student

I request that this form be completed and returned, along with any supporting documentation regarding my condition, to Aquinas College Accessibility Services Office.

Student Signature _____ Date _____

Student Name (Print) _____ Student ID _____

Healthcare Provider Information

To be completed by healthcare provider's office

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Signature: _____ Date: _____

Print name, Title, Credentials: _____

Address: _____

Phone: _____

Medical Information

To be completed by healthcare provider's office

Diagnosis: Please include DSM code(s) and name of condition(s)

Code based on type: (Please check the appropriate diagnosis and attach supporting documents)	
<input type="radio"/> 314.01 (F90.2) ADHD, Combined Presentation	
<input type="radio"/> 314.00 (F90.0) ADHD, Predominantly Inattentive Presentation	
<input type="radio"/> 314.01 (F90.1) ADHD, Predominantly Hyperactive/Impulsive Presentation	
<input type="radio"/> 314.01 (F90.8) Other Unspecified ADHD	
<input type="radio"/> 314.01 (F90.9) Unspecified ADHD	
Level of severity: (Please check one)	
<input type="radio"/> Mild	
<input type="radio"/> Moderate	
<input type="radio"/> Severe	
Date of Onset:	Date of Current Diagnosis:
Please identify any other relevant diagnosis that may impact your client's work or school performance.	

Diagnostic Tools:

Please identify the diagnostic tools you used to determine this diagnosis. Summarize the scores and results of the evaluation, conclusions, and implications. Please attach extra sheets with supporting verification and explanation for any items which need further interpretation.

Medication:

If there are any prescribed medications, please fully describe any side-effects that may adversely affect the student's academic performance.

Aquinas College Disability Verification: Attention Deficit Hyperactivity Disorder

Major Life Activity	Impacts	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Concentration	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Listening	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Academic tasks (Reading, Mathematics, Writing)	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Staying on Task and Completing Tasks	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Taking Lecture Notes	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Conversations	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Time Management and Organization	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	

Aquinas College Disability Verification: Attention Deficit Hyperactivity Disorder

Major Life Activity	Impacts	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Managing External Distractions	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Memory	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Social Interaction	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Eating/sleeping	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Work and Managing Personal Affairs	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Other (Explain):	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Other (Explain):	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	

Impact on Student's Ability to Learn:

One of the major tasks of the Accessibility Services Office is to make a determination regarding academic accommodations. In order to make such a determination and establish what constitutes reasonable and appropriate academic accommodations, we need to understand the degree of impairment caused by the student's disability. Please provide a detailed and comprehensive summary of how, in a college educational environment, this student's disability impacts his/her ability to learn. Give specific examples based upon your direct observation, reports by parents, significant others, teachers, or employers and any documented records you may have in your possession: