VERIFICATION OF ADHD-BASED DISABILITY

_____________ has requested academic accommodation from Montana State University-Bozeman for an Attention-Deficit Hyperactivity Disorder (ADHD). To enable determination of eligibility for academic accommodations under MSU guidelines and identification of specific accommodations a student will need in order to experience academic success, MSU requires full documentation of an ADHD-based disability.

Please see MSU-Bozeman’s “Disability Documentation Requirements - Attention-Deficit Hyperactivity Disorder (ADHD)” for details on evaluator qualifications and currency of documentation.

Please respond to the following:

I. General Assessment Information - required

A. Have you diagnosed the aforementioned individual with ADHD? ___Yes ___No
B. What was the date of the most recent full evaluation for ADHD?____/____/____
C. What was the date of your last contact with the individual?____/____/____

II. Clinical Interview - required - In an attached report, please state approximately how much time was used to complete the clinical interview, give the date of the interview, and provide a summary of findings from each of the following elements of the interview.

A. a survey of past and present ADHD symptoms
B. pertinent developmental and medical history
C. psychological, psychiatric, and work history
D. school history
E. social adjustment and general day-to-day adaptive functioning

III. Supporting Evidence - required - In an attached report, please provide the following information.

A. Give a detailed summary of findings from at least one interview with a living immediate relative, a friend since childhood, or someone else who knows the individual well. The summary must provide evidence from the interview that corroborates each of the following:
   1. the symptoms of ADHD are still present to a significant degree,
   2. the symptoms have been present to a significant degree since childhood,
   3. the symptoms impair the individual’s current adjustment.

B. Give a detailed and comprehensive summary of findings from a review of past school records, transcripts & report cards, and past psychological, psychiatric, and educational evaluations.

   Include the following:
   1. hard evidence of the persistence of ADHD symptoms since childhood;
   2. hard evidence that the individual has suffered and continues to suffer clinically significant impairment in comparison to the general population across educational or occupational settings or other domains of adaptive functioning (e.g., social acceptance and adjustment, management of daily responsibilities, maintaining a home for self and others, emotional adjustment). Also indicate the manner in which ADHD symptoms have led to the impairment noted.

C. Provide a full analysis of the results of an individually administered comprehensive intelligence test (the WAIS-III is preferred), including all standard and/or percentile scores.
IV. **DSM IV Diagnostic Criteria - required** - Must be confirmed by clinical interview and supporting evidence.

**A. Symptoms** - symptoms of inattention and/or hyperactivity/impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level

Column A1) Check symptoms identified when ADHD was first diagnosed.

Column A2) Check symptoms that currently exist to a significant degree.

If this is an initial evaluation, please complete column A1 only.

If this is a reevaluation, please complete column A2. Also complete column A1 if information on initial symptoms is available.

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**Inattention**

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional defiant behavior or failure to understand instructions)
- often has difficulty organizing tasks or activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- often loses things necessary for tasks or activities
- is easily distracted by extraneous stimuli
- is often forgetful in daily activities

**Hyperactivity/impulsivity**

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often “on the go” or often acts as if “driven by a motor”
- often talks excessively

**Impulsivity**

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g., butts into conversations or games)

**B. Childhood Onset**

Were some hyperactive-impulsive or inattentive symptoms that caused impairment present before age seven years? ___Yes ___No  Before age twelve? ___Yes___No

**C. Impairment present in two or more settings.**

At time of the most recent evaluation, in which settings was impairment present? ___Social ___Academic ___Occupational ___Other

In which settings is impairment currently present? ___Social ___Academic ___Occupational ___Other

**D. Clear evidence of clinically significant impairment in social, academic or occupational functioning.**

Was there evidence of clinically significant impairment in adaptive functioning at the time of the most recent ADHD evaluation? ___Yes ___No

Is there evidence of clinically significant impairment in current adaptive functioning? ___Yes ___No

**E. Differential Diagnosis**
Do symptoms of ADHD occur exclusively during the course of other psychiatric or medical problems (e.g., Borderline Personality Disorder, Bipolar Disorder, Depression, Schizophrenia, Posttraumatic Stress Disorder, head injury, vitamin deficiency, thyroid problems, alcohol intoxication or withdrawal, other substance abuse disorders, etc.)? ___Yes  ___No
V. Treatment and Adjustments - required

A. In an attached report, please provide the following:
   1. a full history of ADHD treatments and their outcomes;
   2. clear information about significant ways in which these treatments have not provided relief from symptoms.

B. In an attached report, please respond to the following questions.
   1. What past school and work adjustments have been made to accommodate the ADHD?
   2. What accommodations are recommended in the current educational setting, and what is the scientific basis for any recommended accommodations?
   3. What evidence from the client’s educational history indicates that the recommended accommodations have proved successful?

VI. Supplemental Information - recommended

A. In order to determine whether the individual has a learning disability instead of or in addition to ADHD, it is recommended that a learning disability evaluation be given and the results of that evaluation attached to this report. Please be aware that learning disability documentation must meet MSU-Bozeman requirements (LD documentation requirements will be provided upon request).

B. It is strongly recommended that a well-standardized personality inventory or rating scale be used to obtain some assessment of the individual’s personality and adjustment. Please attach the results of any such assessment.

Please type or print below.

Diagnostician’s Name ____________________________

Profession ____________________________ / ____________________________

Professional License # ____________________________ State Issuing ____________________________

Address

Organization__________________________ Street Address__________________________

City__________________________ State__________________________ ZIP__________________________

Phone #__________________________

__________________________ / ____________________________

Signature ____________________________ Date ____________________________

Please return the completed form to the following address:

Disabled Student Services
P.O. Box 173960
Montana State University-Bozeman
Bozeman, MT 59717-3960

Feel free to call Disabled Student Services at 406-994-2824 if you have any questions or concerns. Thank you for your assistance.