

Columbia International University
Academic Success Center
Verification of ADHD

Student's name: _____

CIU student ID # _____ Today's date: _____

Semester services are requested for: _____

My signature grants the release of the requested information to Columbia International University.

Student's signature: _____

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from the Academic Success Center due to Attention-Deficit/Hyperactivity Disorder. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to consider the request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Columbia International University policy requires that a qualified professional provide current and comprehensive verification of the impairment.

Disability documentation should be current and relevant but not necessarily recent. The professional conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed school or other psychologist, psychiatrist, or physician that follows DSM-V diagnostic procedures.

The documentation and information provided must be sufficient to support current functional limitations in a college academic setting. The evaluation should include a diagnostic interview consistent with DSM-V criteria. The report should include a clearly stated diagnosis of ADHD, severity and longevity of the condition, current medications and dosages, and instruments and procedures used for the evaluation. The report should also offer recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations related to the academic or residential environment.

To facilitate the gathering of such critical information, please respond to the following questions, attach the diagnostic report(s), and return to:

Lisa M. Lanpher, M.Ed.
Academic Success Center Director
Columbia International University
7435 Monticello Rd.
P. O. Box 3122
Columbia, SC 29230-3122

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Fax: (803) 807-5812
e-mail: lisa.lanpher@ciu.edu
Updated 092816

Columbia International University

Verification of ADHD

To be completed by a qualified professional

Please write legibly:

Student's name: _____ Today's date: _____

1. DSM-V Diagnosis: _____

2. Date of diagnosis: _____ Date of last assessment: _____
Approximate date of onset: _____

3. Condition severity (check one): _____Mild _____Moderate _____ Severe

Condition is considered (check one): _____ Temporary _____Permanent

4. Clinical tools that were used to assess the following (**attach diagnostic report including scores and interpretations**):

Attention: _____

Aptitude: _____

Achievement: _____

Social-Emotional Functioning: _____

Other: _____

5. Symptoms that meet the criteria for DSM-V diagnosis: _____

6. Current medications, dosage and frequency: _____

7. Possible impact and side effects of the medications identified above: _____

To be completed by a qualified professional

8. Student's functional limitations in an educational setting: _____

9. Student's functional limitations in a residential setting: _____

10. Summary of the student's educational, medical, and family history that may relate to the diagnosis. Include specific information to demonstrate interference with educational achievement:

11. Your recommendations regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Columbia International University (describe recommended aids):

12. Concerns you may have regarding the ability of this student to participate in higher education or the ability of the university to effectively accommodate the disability:

13. Attach and/or describe other information relevant to this student's academic adjustment.

Professional's Signature: _____ Date: _____

Printed Name and Title: _____

Professional's Area of Specialization: _____

Daytime Phone Number: _____ Fax: _____

Address: _____

Please complete the entire form, sign, and attach a diagnostic report and any other supporting documentation.
