

VERIFICATION FORM FOR ATTENTION DEFICIT DISORDERS

Northwest Missouri State University (NWMSU) is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective auxiliary aids and services for qualified students with documented disabilities if such accommodations are needed to provide equal access to the University's programs and services. Federal law defines a disability as "a physical or mental impairment that 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 difficulties with attention do not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

Phone: 660.562.1873

Fax: 660.562.1424

The Office of Title IX and Equity (A & A) strives to ensure that qualified students with Attention Deficit Disorders are accommodated, and if possible, that these accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life activities.

This form is designed to allow us to achieve these goals. Students who wish to receive academic adjustments due to an Attention Deficit Disorder should have this form filled out by a psychiatrist, licensed psychologist, certified social worker (CSW or ACSW) or licensed professional counselor. The professional completing this form must have first-hand knowledge of the student's condition, must have experience diagnosing and treating college students, and will be an impartial professional who is not related to the student.

This form is not the only part of this process. Equally and sometimes more important will be your interview with A&A staff. Ideally, this would happen before you begin attending class.

Student Information (This section to be completed by the student.)

Last Name	First Name	Middle Initi	ial
ID Number (919)	Dat	e of Birth	
Address			
City	State	Zip Code	

Certifying Professional

Name		Credentials	
Address			
City	State	Zip Code	
License/Certification number	and state of licensure		
Years of experience working v	vith college students _		
Date of initial contact with stu	ıdent	Date of last contact with student	
Please provide diagnosis/diag	noses and the corresp	onding dates below.	
Basis on which diagnosis was	made		
If psychological tests were use	ed, please include all to	ests and score used to support the diagnosis	
Current medications, includin	g dosage and side effe	ects	
Long term medication plan			
Current compliance with med	ication plan		
Prognosis for medication plan what approximate time frame	(Include the likelihoods)	d of improvement or further deterioration and within	
Other planned therapeutic int	erventions		
•	•	elihood for improvement or further deterioration and	
Current compliance with then	apeutic interventions		

Implications for Educational Success

Learning abilities specific to the postsecondary environment that are impaired by the ADHD (e.g. difficulty with concentration, slow processing speed, etc.) and any objective evidence to support the degree of impairment

What are limitations that this student will encounter in taking exams and participating in other classroom activities, which are caused by his/her ADHD or the medications that he/she is taking? Please be specific as to the nature of the limitations and how severe they are

Suggested accommodations (Final determination of appropriate accommodations will be determined by the A&A office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.) Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

Extension of time to complete exams	Yes	No
Why?		
Quiet room in which to take exams	Yes	No
Why?		
Other (please specify)		
Why?		

If you have any questions regarding the nature needed for students with psychiatric impairments, please call the Office of Title IX and Equity at (660) 562-1873, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Standard Time. This form should be returned to 305 Administration Building, 800 University Drive, Maryville, MO 64468-6001 or faxed to us at (660) 562-1424.

This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled. This student will have access to this document but you may specify that this access be given when there is a person qualified to explain the document available.

Signature of Certifying Professional	Date	