OFFICE of ACCESSIBILITY SERVICES
PITT COMMUNITY COLLEGE

PO Drawer 7007 • Greenville, NC 27835-7007 • Phone (252) 493-7595 • Fax (252) 321-4345 • Everett-114

DISABILITY VERIFICATION FOR ADD/ADHD

I, (STUDENT) _____ , hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation, as based on the federal guidelines for the definition of a disability. If you have any questions, please contact **Office of Accessibility Services**, Pitt Community College PO Drawer 7007, Greenville, NC 27835-7007. **PHONE**: 252-493-7595 **FAX**: 252-321-4345

_____	_____	_____
Date	Signature of Student	Date of Birth

Diagnostic Code (ICD or DSM V) _____

Level of Severity: _____ Mild _____ Moderate _____ Severe

Date of Diagnosis: _____

Date of Last Visit: _____

PLEASE CHECK THE APPROPRIATE DIAGNOSTIC CRITERIA FOR ADD/ADHD

A. Either: (1) Inattention or (2) Hyperactivity-Impulsivity AND (3) EVIDENCE OF IMPAIRED LEARNING

(1) Inattention

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

(2) Hyperactivity-Impulsivity

_____ a) often fidgets with hands or feet or squirms in seat
_____ b) often leaves seat in classroom or in other situations in which remaining seated is expected
_____ c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness)
_____ d) often has difficulty playing or engaging in leisure activities quietly
_____ e) is often "on the go" or often acts as if "driven by a motor"
_____ f) often talks excessively
_____ g) often blurts out answers before questions have been completed
_____ h) often has difficulty awaiting turn
_____ i) often interrupts or intrudes on others

(3) Significant impairment in academic functioning (must be completed)

Evidence of a significant impairment to learning MUST accompany this documentation. This evidence must include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. These recommendations must be supported with specific test results or clinical observations.

Academic Impairment	Academic Accommodation Recommended

_____ B. Several hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 12 years.

_____ C. Some impairment from the symptoms is present in two or more settings.

_____ D. The symptoms do NOT occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.

Was medication prescribed? _____ If yes, what? _____
Response to medication _____
Have you recommended any type of therapy? _____

Provider's Name _____ Title _____

Address _____ Phone _____

_____

Signature _____ Date _____