



**UNIVERSITY OF WISCONSIN – LA CROSSE**  
**The ACCESS Center**

**VERIFICATION OF**  
**ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

The ACCESS Center provides services to students with diagnosed Attention Deficit/Hyperactivity Disorder. To determine eligibility for services, this office requires **current comprehensive documentation** of ADHD from the qualified diagnosing **physician, psychologist, psychiatrist, or other licensed medical/mental health professional currently treating the student.**

The provider(s) should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.) *If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.*

**Please Print Legibly**

Student Name: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. DSM-5 diagnosis:

- ADHD Combined Type
- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- Other Specified Attention Deficit/Hyperactivity Disorder (explain)
- Other Unspecified Attention Deficit/Hyperactivity Disorder (explain)

Explain:

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2. Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

First contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. In addition to DSM-5 criteria, how did you arrive at your diagnosis?

- Structured or unstructured clinical interview with the student
  - Interviews with other persons
  - Behavioral Observations
  - Developmental history
  - Medical History
  - Neuropsychological testing (dates of testing) \_\_\_\_\_  
*Please attach diagnostic report of testing*
  - Psychoeducational testing (dates of testing) \_\_\_\_\_  
*Please attach diagnostic report of testing*
  - Rating Scales
  - Other (Please specify)
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4. What is the severity of the condition? Please check one:

- Mild                                       Moderate                                       Severe

Please check all ADHD symptoms listed in the DSM-5 that the student *currently* exhibits:

**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 or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort
- often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- often easily distracted by extraneous stimuli
- often forgetful in daily activities

**Hyperactivity:**

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) 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 feeling of restlessness)
- often has difficulty playing or engaging in leisure activities that are more sedate
- 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)

5. Please check the major life activities/functional limitations, both physical and academic, which are impacted by the disability and the degree of severity.

	Mild	Moderate	Severe	Not an issue
Sitting				
Standing				
Walking				
Breathing				
Reaching				
Lifting				
Performing Manual Tasks				
Maintaining Stamina				
Communication: Speaking				
Communication: Writing				
Communication: Reading				
Communication: Hearing/Listening				
Seeing				
Learning				
Thinking/Reasoning				
Calculating				
Memorizing				
Cognitive Processing				
Processing Speed				
Auditory Processing				
Concentrating				
Easily Distracted				
Organization				
Meeting Deadlines				
Attending Class Regularly				
Managing Stress				
Sleeping				
Interacting with Instructors				
Interacting with Peers				
Emotional Expression				
Understanding Verbal Direction				
Other:				
Other:				

Explanation of any major life activities/functional limitations that fall into the severe range.

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6. **Student's History:**

- a) **ADHD History:** Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parent(s)/and teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.).

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- b) **Psychosocial History:** Provide relevant information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history or employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

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- c) **Educational History:** Provide a history of the use of any educational accommodations and services related to this disability.

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- d) **Current Medications:** Discuss any medication(s) that the student is currently prescribed including adverse side effects, and the effectiveness of the medication.

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7. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state reasons for this request related to the student's diagnosis).

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8. If any co-morbid conditions exist, please describe.

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Please send or fax this information to the address indicated below:

**University of Wisconsin – La Crosse**  
**The ACCESS Center**  
**124 Wimberly Hall**  
**1725 State Street**  
**La Crosse, WI 54601**  
**Voice: (608) 785-6900**  
**Fax: (608) 785-6910**