

Verification Form: Attention Impairments

Rev. 01.15.2025

Albright College's Student Accessibility and Advocacy Office (SAA) has established verification forms to assist in obtaining current information from a qualified professional (e.g., medical physician, neurologist/neuropsychologist, clinical psychologist, licensed counselor, or other relevant provider) regarding a student's condition and symptoms. This form should be filled out by a licensed professional treating this individual for at least three months. To assist the student, we need to understand the student's symptoms, relevant medications and their impact on the student, and the student's need for accommodations. This Verification Form may supplement information provided in other reports, including medical reports or secondary school documentation. It is not a replacement for a full evaluation or test scores.

Any documentation must meet Albright College's documentation standards for the student's condition. A summary of the criteria for documenting a disability is listed below. Complete information can be found in the Albright College's Documentation Standards which is provided to the student. If you would like a copy of the standards, please call our office.

- Documentation must show evidence of a disability as defined by the ADA.
- Documentation must be no more than 3 years old except in rare circumstances.
- Documentation must describe functional impairment affecting an important life skill and how this affects the student in the college environment.
- Documentation must provide history relevant to the student's disability, including treatments, assistive devices, or other pertinent information.
- Documentation must establish a clear link between the recommended accommodation and the student's functional limitations.
- Documentation must present a summary and recommendations.

(Please **print legibly** or **type**; illegible documents will not be processed)

Student Information

Student's Name: _____ DOB: _____

Home Address: _____

Local Address (if different): _____

Cell Phone: _____ Other Phone: _____

Provider Section

Date of Initial Contact with Student: _____

Date of Most Recent Contact with Student: _____

Diagnosis

What is the student's primary diagnosis? _____ DSM-5: _____

Descriptive Features: _____

When was the student diagnosed with THIS condition? _____

How long have you been treating the student for THIS condition? _____

How often is the student seen for THIS condition? (e.g., weekly, monthly) _____

What is the severity of the impairment? Mild Moderate Severe

Explain how you determined the severity above:

How was the student diagnosed/what diagnostic tools or tests were used? (Please submit results with this form)

WHODAS-2 score (if given):

Do you consider the student to have a disability? Yes No

Current Symptoms

Inattention (5+ checked for adolescents 17 and older indicates functional impairment):

- Often fails to give close attention to details or makes careless mistakes in school, 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 instructions and fails to finish schoolwork, chores, or workplace duties.
- Loses focus or becomes sidetracked.
- Often has difficulty organizing tasks and activities.
- Often dislikes, avoids, or is reluctant to engage in tasks such as schoolwork or homework that require sustained mental attention.
- Often loses things necessary for tasks and activities (e.g., school assignments, pencils, books, tools, wallet, keys)
- Is often easily distracted by extraneous stimuli.
- Is often forgetful in daily activities.

Hyperactivity and Impulsivity (5+ checked for adolescents 17 and older indicates functional impairment):

- Often fidgets, taps 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 (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Often "on the go," or often acts as if "driven by a motor."
- Often talks excessively.
- Often blurts out answers before questions have been completed.
- Often has difficulty awaiting turn.
- Often interrupts or intrudes on others (e.g., interrupts conversations or games).

*(Please **print legibly** or **type**; illegible documents will not be processed)*

Current Symptoms (cont'd)

Is there clear evidence that the student's ADHD symptoms **are present** in one or more setting, including the educational environment? Please explain in the space provided.

Academic Functioning:

Social Functioning:

Workplace Functioning:

Did you use a diagnostic measurement (e.g., rating scale, checklist, psychological evaluation, performance tasks) to obtain information about the student's symptoms and functioning in various settings? Yes No

If yes, which ADHD measurement did you use? Please submit results along with this form.

If no, how did you reach your conclusions about the ADHD diagnosis and treatment?

(Please print legibly or type; illegible documents will not be processed)

Pharmacology and Side Effects

Is the student taking any prescribed medications for the diagnosis that you are treating or any other medication that may impact the student's ability to function in the college environment? No Yes

If yes, please provide the information below for each medication the student is prescribed.

Medication/Dosage/Frequency: _____

Date First Prescribed: _____

Side effects that impact the student's functioning (e.g. concentration, sleep, eating):

Medication/Dosage/Frequency: _____

Date First Prescribed: _____

Side effects that impact the student's functioning (e.g. concentration, sleep, eating):

Medication/Dosage/Frequency: _____

Date First Prescribed: _____

Side effects that impact the student's functioning (e.g. concentration, sleep, eating):

Medication/Dosage/Frequency: _____

Date First Prescribed: _____

Side effects that impact the student's functioning (e.g. concentration, sleep, eating):

(Please print legibly or type; illegible documents will not be processed)

Functional Limitations and Recommended Accommodations

It is important for us to understand how the student’s current symptoms may cause functional impairments in a college environment. Accommodations are not based on the student’s diagnosis or medication, but rather on the limitations of their functioning in the educational environment. Based on your knowledge of the student, please provide information regarding reasonable academic accommodations and the rationale for each accommodation based on the student’s symptoms.

Symptom: _____

How does this affect the student?

Recommended reasonable accommodation:

Symptom: _____

How does this affect the student?

Recommended reasonable accommodation:

Symptom: _____

How does this affect the student?

Recommended reasonable accommodation:

(Please print legibly or type; illegible documents will not be processed)

Provider's Certifying Information

Professionals rendering assessments and diagnoses and providing recommendations for reasonable accommodations must be relevant and qualified to do so (e.g., medical doctor, neurologist/neuropsychologist, psychologist, licensed counselor). The provider signing this form must be the same person who answered the questions above and may NOT be related to the student.

Provider's Signature: _____ Date: _____

Provider's Name: _____

Credentials: _____

License Number: _____

State of Licensor: _____

Office or Business Name: _____

Office or Business Address: _____

Office Phone: _____ Fax: _____

Email Address: _____

Directions for Submitting This Form and Supporting Documentation:

This form is not a substitute for evaluation or testing data. Please submit this form, along with the student's most current evaluation, test results/scores, and other supporting documents directly to the SAA Office. Documentation should be faxed to us at 610-929-6793 or mailed to us at:

Albright College
Office of Student Accessibility and Advocacy
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