



Office for Disability Services  
Southern Maine Community College  
2 Fort Road  
South Portland, ME 04106

Phone: (207) 741-5832 or  
(207) 741-5923  
Fax: (207) 741-5678

### **ADD / ADHD Verification – PROVIDER FORM**

The **Office for Disability Services (ODS)** provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show the functional limitations that impact the individual in the academic setting.

**ODS** requires current and comprehensive documentation in order to determine appropriate services and accommodations. The following outline has been developed to assist the student in working and the healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

**A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified or licensed psychologists or members of a medical field.

**B. All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers and /or illegible handwriting, will delay the eligibility review process by requiring following up contacts for clarification.

**C. The healthcare provider should attach any reports which provide additional related information** (e.g. Psycho-educational testing, neuro-psychological test results, etc.). If a comprehensive diagnostic report is available, and provides the requested information; copies of the report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.

**D. After completing and signing this form, please mail or fax it to the address provided.** The information you provide will not become part of the student's educational records, but it will be kept in the student's file at **ODS**, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other relevant information you think would be useful.

If you have questions regarding this form, please call the **ODS** office.

Thank you for your assistance.

## STUDENT INFORMATION

(To be completed by the student)

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
month / day / year

Local phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DIAGNOSTIC INFORMATION

(To be completed by qualified professional)

1. Date of Diagnosis: \_\_\_\_\_

2. Date of first contact with student: \_\_\_\_\_

3. Date of last contact with student: \_\_\_\_\_

4. How did you arrive at your diagnosis?

\_\_\_\_ Structured or unstructured interviews with the student

\_\_\_\_ Interviews with other persons

\_\_\_\_ Behavioral observations

\_\_\_\_ Developmental history

\_\_\_\_ Educational history

\_\_\_\_ Medical history

\_\_\_\_ Neuro-psychological testing. Date(s) of testing? \_\_\_\_\_

\_\_\_\_ Psycho-educational testing. Date(s) of testing? \_\_\_\_\_

\_\_\_\_ Standardized or non-standardized rating scales

\_\_\_\_ Other (Please specify) \_\_\_\_\_

5. What is the severity of the condition? Please check one:

Mild

Moderate

Severe

Describe severity:

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6. Is the student currently receiving therapy or counselling?

Yes

No

Not sure

**7. Student's history:**

a. **ADHD history**- evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven (7). Provide information supporting the diagnosis obtained from the student, parents and teachers. Indicate the ADD - 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. **Psycho-social history**- provide relevant information obtained from the student / parent(s) or guardian(s) regarding the student psycho-social history (e.g. often engage in verbal or physical confrontation, history of not sustaining relationships, history of educational and/or employment difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, anti-social behaviors, history of psychological treatment, etc.)

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c. **Pharmacological treatment history**- provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past. Include any current medication(s) currently prescribed including dosage, frequency of use, the adverse side effects and the effectiveness of the medication at the present.

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d. **Educational history**- provide a history of the use of educational accommodations and services, related to the diagnosis.

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e. **Rule-out alternative causes**- provide details of alternative psychological, non-cognitive (e.g. educational, cultural) or health related data has been examined and ruled-out the causes for inattentiveness, impulsivity, hyperactivity and/or executive functioning.

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**8. Student's current specific symptoms-** please check all ADD or ADHD symptoms that the student currently exhibits.

**Inattention:**

- often fails to give close attention to details or makes careless mistakes in school work, employment setting 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 work environment (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 school work or homework's) that require sustained mental effort.
- often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- is 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) the seat in classroom or in other situations in which remaining seated is expected.
- often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- often has difficulties' playing or engaging in leisure activities that are more sedate.
- is often "on the go" or often acts as if "driven by motor".
- often talks excessively.

**Impulsivity:**

- often blurts out answers before questions have been completed.
- often has difficulty awaiting turns.
- often interrupts or intrudes on others (e.g. butts into conversations or games).

**9. Major Life Activities Assessment:**

Please check which of the following major life activities listed below are affected because of the student’s diagnosis. Indicate the severity of the limitation.

<b>Life activity</b>	<b>Negligible</b>	<b>Moderate</b>	<b>Substantial</b>	<b>Don't Know</b>
Concentration				
Memory				
Eating				
Social competence				
Self-care				
Class attendance				
Speaking				
Learning				
Reading				
Thinking				
Communicating				
Keeping appointments				
Stress management				
Managing internal distractions				
Managing external distractions				
Sleeping				
Organization				

10. What specific symptoms and /or functional limitations based on the diagnosis does the student have that might affect him/her in the academic setting.

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11. Describe any situation or environmental conditions that might lead to an exacerbation of the condition.

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12. Determination of reasonable accommodations in the academic setting will be decided by the SMCC Office of Disability Services professional after review of disability documentation. Suggestions and/or recommendations are welcome along with an explanation of the relevance related to the diagnosis and the student's functional limitations.

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13. If current treatments (e.g. medications, counseling, coaching, etc.) are successful, please state the reasons why the above academic and/or housing accommodations are necessary. Please be specific.

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**Professional Information:**

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

Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Contact information: \_\_\_\_\_

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Signature of professional: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

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www.smccME.edu