

# UC SAN DIEGO EXTENSION

## *Student Services*

### *Practices for the Documentation and Accommodation of Students with ADD and/or ADHD Learning Disabilities<sup>1</sup>*

Dear UCSD Extension Student:

Please complete the top portion of the Verification of Disability form (see below) and take it to your medical provider to complete the remainder of the form. The verification form can be submitted by either yourself or your medical provider. Directions for submitting the completed form to UC San Diego Extension are listed below.

Thank you.

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Dear Healthcare Provider:

UC San Diego Extension Student Services has received an accommodation request from a currently enrolled student. It is the responsibility of students who seek accommodations and services from UC San Diego Extension to provide comprehensive written documentation of their disabilities.

Professionals conducting assessments, rendering diagnoses of ADD/HD and making recommendations for accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of mental disorders are essential.

The following professionals would generally be considered qualified to evaluate and diagnose ADD/ADHD provided that they have comprehensive training in the differential diagnosis of ADD/ADHD and direct experience with an adolescent and/or adult ADD/ADHD population: licensed doctoral-level clinical, educational, or neuropsychologists, psychiatrists, and other relevantly trained medical doctors. Diagnoses using a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of ADD/ADHD in adolescents and adult may also be appropriate.

The name, title, and professional credentials of the evaluator - including information about license or certification as well as employment, and state or province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed and otherwise legible.

An assessment for ADD/ADHD must be current. UC San Diego Extension Student Services Disability Coordinator reserves the right to request updated or supplemental documentation on a case-by-case basis, and may consult with other professionals, as appropriate, regarding the adequacy of a student's documentation. An assessment for ADD/ADHD should include the following:

1. Interviews and questionnaires which permit the student to describe current concerns and past problems.
2. Interviews with significant people in the student's life (for example, parents, spouse, partner, or friends) and/or questionnaires filled out by these people.
3. Observations of the student's behavior.
4. Complete developmental, educational, and medical histories including specific statements concerning the effects of the student's diagnosed ADD/ADHD in the past and any current functional limitations.
5. The exact multi-axial diagnosis (include the five axes), date of diagnosis, and specification of the diagnostic criteria on which the diagnosis was based (for example, DSM-IV-R).
6. An evaluation of the effectiveness of past and current medications prescribed for the ADD/ADHD symptoms, an evaluation of the effectiveness of behavioral interventions; and its effect on that student (including that medication used by the student during the assessment process).
7. A summary of assessment findings. If the student is found to have a disabling condition, the assessment summary must include a description of the current substantial limitation (s) imposed by the disorder.

After completing this form, please sign it, and mail or FAX it to us at the address listed below. The information you provide will not become part of the student's educational records, but will be kept in the student's file at UC San Diego Extension Student Services, where it will be held strictly confidential. A copy of this form may be released to the student at their request. In addition to the requested information, please attach any other information you think

would be relevant to the student's academic accommodation. Feel free to contact us if you have questions or concerns.

**UC San Diego Extension**  
**Attn: Disabled Student Services Coordinator**  
**9500 Gilman Drive, M/C 0176-H**  
**La Jolla, CA 92093-0176**  
**FAX: (858) 534-8527**

Thank you for your assistance.  
Susan Kelly  
Extension Disabled Student Services Coordinator  
Phone: (858) 822-1366

# UC San Diego Extension Student Services

9500 Gilman Drive M/C 0176-H  
La Jolla, CA 92093-0176  
(858) 822-1366 – FAX (858) 534-8527

## Verification of ADD and/or ADHD Learning Disability

To Be Completed By Student

**Student Name:** \_\_\_\_\_ **Extension Student ID#:** U-\_\_\_\_\_

*I am requesting academic support services through UC San Diego Extension Student Services. They require current and comprehensive documentation of my disability/medical condition prior to receiving services through Extension. Please respond to the following questions as soon as possible and return to me or send by mail or fax. I authorize UC San Diego Extension Student Services to contact you if clarification is needed.*

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

**Treating Physician/Provider Name (Please print):** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

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

To Be Completed By Treating Physician/Provider

**This form must be completed by the Health Care Professional listed above.**

### 1. What is your DSM-IV multi-axial diagnosis for this student?

Axis I \_\_\_\_\_  
Notes: \_\_\_\_\_

Axis II \_\_\_\_\_  
Notes: \_\_\_\_\_

Axis III \_\_\_\_\_  
Notes: \_\_\_\_\_

Axis IV \_\_\_\_\_  
Notes: \_\_\_\_\_

Axis V (GAF Score) \_\_\_\_\_  
Notes: \_\_\_\_\_

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

**3. Date Student last seen:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. In addition to DSM-IV criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes for each item.

- Structured or unstructured interviews with the student: \_\_\_\_\_
- Interviews with other persons: \_\_\_\_\_
- Behavioral observations: \_\_\_\_\_
- Developmental history: \_\_\_\_\_
- Educational history: \_\_\_\_\_
- Medical history: \_\_\_\_\_
- Psycho-educational testing. Date(s) of testing? \_\_\_\_\_
- Standardized or non-standardized rating scales: \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

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***Verification of ADD and/or ADHD Learning Disability***

**5. Please provide specific information about the academic limitations and severity of symptoms this student encounters as a result of his/her ADHD.**

| <b>Life Activity:</b>          | <b>No Impact</b> | <b>Moderate Impact</b> | <b>Severe Impact</b> | <b>Don't Know</b> |
|--------------------------------|------------------|------------------------|----------------------|-------------------|
| Organization                   |                  |                        |                      |                   |
| Concentration                  |                  |                        |                      |                   |
| Activation/initiating to work  |                  |                        |                      |                   |
| Sustained focus                |                  |                        |                      |                   |
| Memory                         |                  |                        |                      |                   |
| Stress management              |                  |                        |                      |                   |
| Understanding directions       |                  |                        |                      |                   |
| Managing internal distractions |                  |                        |                      |                   |
| Managing external distractions |                  |                        |                      |                   |
| Specific academic topics:      |                  |                        |                      |                   |
| Math                           |                  |                        |                      |                   |
| Reading                        |                  |                        |                      |                   |
| Written expression             |                  |                        |                      |                   |

**6. Is this student taking medication(s) for ADHD?**      Yes    No

**7. Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.**

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**8. Is there anything else you would like us to know about this student?**

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Thank you for your cooperation. You may FAX your report to UC San Diego Extension Disability Coordinator at (858) 534-8527. Please call (858) 822-1366 if you require additional information. Please attach any reports. *This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.*

**Certifying Professional\* Title:** \_\_\_\_\_ **License No:** \_\_\_\_\_

**Signature of Professional** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Professional's Name (printed):** \_\_\_\_\_

**\*Qualified diagnosing professionals are licensed psychologists, psychiatrists, and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.**