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Katrina Durham, MS
Director of Accommodation Services

Verification of ADHD

Student Name _____ Date of Birth _____

I am requesting support through Accommodation Services at UMass Chan Medical School. This requires current and comprehensive documentation of my diagnosis/disability as one of the criteria used to evaluate my potential eligibility for reasonable accommodations/services. I hereby authorize you to complete the following questions and return promptly to the Director of Accommodation Services. I further authorize the Director to contact the provider listed below if clarification is needed.

Student Signature _____ Date _____

Health Care Provider Name _____

Title _____

Organization and Address _____

Phone _____ email _____

THE AREA BELOW MUST BE COMPLETED BY THE PROVIDER LISTED ABOVE

1. Date of Diagnosis _____ Date last seen _____

2. DSM-V Diagnosis _____

3. DSM-V Code _____

4. What were the assessment/evaluation procedures used to make the diagnosis? Please provide historical data that was considered in making the diagnosis.

5. Present symptoms consistent with the DSM- V diagnosis (check all that apply)

- ☐ Often fails to give close attention to details or makes careless mistakes
- ☐ Often does not follow through on instructions and fails to finish tasks
- ☐ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ☐ Often does not seem to listen when spoken to directly
- ☐ Often has difficulty sustaining attention in tasks
- ☐ Often has difficulty with organization
- ☐ Often loses things
- ☐ Is easily distracted
- ☐ Often forgetful in daily activities
- ☐ Displays symptoms of hyperactivity and/or impulsivity (e.g., often fidgets, has difficulty remaining seated, experiences feelings of restlessness, excessive talking, blurts out answers before questions completed, etc.)

6. Student displays the following additional symptoms: _____

7. What if any other diagnoses are co-existing with the ADHD diagnosis?

8. Explain the impact of this condition on the student's ability to learn and or meet the demands of the medical school setting/clinical requirements.

9. Recommendations for potential reasonable accommodations:

Health Care Provider's Signature: _____

Date

License type/number: _____