ADD/ADHD/ASD

Disability Verification Form

Accessibility Resources Office
P.O. Box 5005
Ashland, VA 23005
Phone: (804) 752-3152

A. STUDENT INFORMATION

_____ _____

Student Name **Student ID**

_____@rmc.edu _____

Student Email **Student Phone Number**

TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

The above-named student is requesting accommodation(s) due to their diagnosis under the Americans with Disabilities Act. To consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, Randolph-Macon College (RMC) requests that current and comprehensive verification be provided by a qualified professional. The qualified professional should be a licensed or otherwise properly credentialed individual who has undergone appropriate and comprehensive training and has no personal relationship with the individual being evaluated. The individual making the diagnosis should have credentials directly related to the condition being reported (e.g., an orthopedic limitation should be documented by a physician, not a licensed psychologist). While third-party documentation may be sufficient to establish the presence of a disability, it is not the definitive information that informs the final determination for reasonable accommodations.

HOW TO SUBMIT VERIFICATION FORM:

Fax: (804) 752-3744 - *Attn to: Accessibility Resources Office*
Email: accessibility@rmc.edu
Upload documentation here: https://bachelor.accessiblelearning.com/RMC/

B. DIAGNOSTIC INFORMATION

1. Clearly state the diagnosed disability or condition (include the specific DSM-V and/or ICD-10 diagnosis):

   _____

   _____

1. Date of Diagnosis: _____/_____/_____

2. In addition to the DSM-V and/or ICD-10 criteria, how did you arrive at your diagnosis? Please check all relevant items below. Please include relevant information in the Notes section.

√	Criteria	Notes (please add information to checked areas)
☐	Structured or Unstructured interviews	
☐	Interviews with other individuals	
☐	Medical tests/history	
☐	Behavioral observations	
☐	Developmental history	

☐	Psychological testing	
☐	Other (please specify)	

3. What assessment(s) were used to determine the diagnosis (e.g., WAIS-IV, WISC-V, ADOS-2, etc.)

_____

_____

4. Did the student have an IEP, Learning Profile or 504 plan in K-12? ☐ **YES** ☐ **NO**

C. CONTACT HISTORY

2. How long has the student been under your care for this condition?

_____

_____

3. Date of last contact with student: _____/_____/_____

D. IMPACT OF CONDITION

1. Are any treatments or medications currently prescribed or used?
☐ **YES** ☐ **NO**

2. If **YES**, please list them, along with any side effects or impacts on academic performance. Please include if limitations/symptoms persist even with medication.

Prescribed/Used	Side Effects/Impacts	Academic Impact	Do symptoms persist with medication or treatment?

3. Provide a summary of the student's educational or medical history that may relate to the ADD/ADHD or ASD disorder. This description should provide information regarding onset, longevity, and severity of symptoms, as well as specifics related to how it has interfered with educational achievement.

_____

_____

4. Describe the current functional limitations resulting from the disability or condition (*i.e., provide specific, real-world impacts the diagnosis has on the student's ability to perform routine daily activities in the educational setting*).

_____

_____

5. What major life activities are affected by the student's condition (e.g. concentrating, learning, reading, writing, caring for oneself, sleep, etc.)?

_____

_____

6. What accommodation(s) do you recommend to support the students' needs?

_____

_____

7. Is there additional information that is related to the student's diagnosis and their ability to function academically and/or socially in a college environment?

_____

_____

E. PROVIDER INFORMATION

_____ _____

Printed Name and Title **License #**

_____ _____

Address **City** **State** **Daytime Phone Number**

_____ _____

Provider's Signature **Date**

The Accessibility Resources Office (ARO)will use the information on this form to determine eligibility for accommodations. ARO is committed to ensuring that all information and communication pertaining to a student's disability be kept confidential as required by law.