

Hardin-Simmons University 5-67-5842
Fax: 32567

0-5862
disabilityservices@hsutx.edu

For HSU Office Use Only:
Date received: _____

APPLICATION FOR DISABILITY SUPPORT SERVICES Clinician Verification Form-ADD/ADHD

TO THE STUDENT: This form must be completed by a qualified and licensed clinician. The HSU Office of Disability Services reserves the right to request additional documentation or contact your clinician for additional information.

I, _____, authorize my health-care provider to release the medical information requested on this form for the purpose of determining appropriate accommodations.

TO THE EVALUATOR: The student whose name appears above may be faxed, but our records must include an original. We do not accept substitutions for this form, however, you may provide supplemental information on official letterhead. Please contact us with any questions or concerns. All information provided to us is confidential. Thank you for your assistance.

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Physician/Licensed Clinical Provider Name & Title: _____

State License # _____ Phone: _____ Fax: _____

Address: _____
City State Zip Code

Physician/Licensed Clinical Provider Signature: _____

**ATTACH
BUSINESS CARD**

Describe and explain the presence of the relative temporal stability of the symptoms of ADHD/ADD across multiple domains (e.g., school, home, work, social interactions with friends, etc.). Please also provide (in detail) a reasonable explanation(s) for the periods when symptoms seem to abate.

Please provide evidence that the student has a poor history of self-control and disinhibition (i.e., impulsive behavior that is/ was clinically significant and represents a severe departure from normal developmental functioning. Please be aware that inattention alone is a common symptom of nearly every psychiatric disorder.

Please provide evidence of ruling out other psychiatric conditions including but not limited to mood disorders, anxiety disorders, dissociative disorders, personality disorders, learning disorders, sleep disorders, and substance abuse issues. Please also provide evidence of having ruled out academic problems as a result of poor education, poor motivation or study skills, physical problems, and/or cultural or language differences. Please include the criteria in the DSM-V that require you to rule out other disorders (e.g., mood and anxiety disorders, pervasive developmental disorder, etc.)

Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects, relate to academic performance. Please provide a rationale for why the student will need academic accommodations in addition to medication. Please speak to how or whether the medications mitigate the effect.

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Please provide your *recommendations* for reasonable academic accommodations to equalize W K L V V W X G H C opportunities at a post-secondary level. *Include your rationale for arriving at these recommendations and how they would be helpful in equalizing W K H V W X G H Q W T J O R I S V R H U V O F O L W G L H D Q \ U H F R U accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful.*

* NOTE : *under Section 504 and ADA, the notion that a V W X G H Q W 3 Z R X O G E H Q H I L W I U R P 1 is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities, not W R 3 J X D U D Q W H H V X F F H V V ' L Q S R V W V H F R Q G D U \ H G X F I*

Please G H V F U L E H D Q \ U H O H Y D Q W L Q I R U P D W L R Q \ R X P D \ K D Y H W K D potential for success at Hardin-Simmons University.

Return this form and any attachments to:

Hardin-Simmons University Office of Disability Services HSU Box 16158 Abilene, TX 79698 325-670-5842 Fax: 325670-5862
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