

**Reid State Technical College
Disability Support Services for Students with Disabilities**

**DISABILITY VERIFICATION
for
Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)**

----TO BE COMPLETED BY PSYCHIATRIST/PSYCHOLOGIST/DIAGNOSING PHYSICIAN----

_____ is requesting academic accommodations/services through the ADA Office at Reid State Technical College (RSTC). To ensure the provision of reasonable and appropriate services for students with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), RSTC requires documentation of disability and information from a qualified medical professional which provides: the diagnosis of ADD/ADHD; a description of attention difficulties and functional limitations in an educational setting; an indication of the severity and longevity of the condition; information about medications prescribed and the side effects of these medications; and, clear and specific reasonable accommodations.

To facilitate the gathering of such information, we ask that you respond to the following questions:

1. Date of Diagnosis: _____

2. Date of last contact with student: _____

3. What procedures were used to assess or diagnose ADD/ADHD?

4. Describe the symptoms, which met the criteria for this diagnosis with approximate date of onset.

5. Describe the severity of the condition and this student's functional limitations in an educational setting.

6. Is this student taking medication? If yes, please list medication(s); indicate date of initial prescription and possible side effects of this medication.

7. Will this student continue to need accommodations when utilizing recommended medication?

8. In addition to the diagnostic report, please attach any other information that you feel is relevant in determining appropriate accommodations for this student.

Other Comments: _____

Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Telephone: _____ E-mail: _____

Thank you for your assistance in completing this verification form. Please return this information to the ADA Coordinator listed below:

Dr. Tangela Purifoy
P. O. Box 588
Evergreen, AL 36401
Phone: 251.578.1313 ext. 151
Email: tpurifoy@rstc.edu

Note: Each student’s documentation will be evaluated on a case-by-case basis. Following these guidelines will help ensure proper consideration of each student’s individual situation in the timeliest manner.