# **UNIVERSITY OF NORTH FLORIDA**

**Student Accessibility Center**

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

SAC@unf.edu

## Disability Verification of Attention Deficit Hyperactivity Disorders

Documentation must be provided by one of the following licensed mental health professionals: Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Counselor, Psychiatric Nurse Practitioner (ANCC).

### Student complete the following.

* Student Name:
* Date of Birth:
* Phone Number:
* UNF Student N Number (if assigned one):

**To ensure the provision of appropriate accommodations, you must provide current documentation of your disability. This documentation should provide information regarding the onset, longevity and severity of symptoms as well as a specific description of how they interfere with educational achievement. Assessment of current functioning is necessary.**

The following information will assist us in providing the most appropriate academic accommodations for you. We are required to maintain confidential records for the purpose of academic accommodation according to Section 504 of the Vocational Rehabilitation Act of 1972 and the Americans with Disabilities Act of 1990.

I hereby authorize the following information as well as any other pertinent documentation to be forwarded to the Student Accessibility Center at the University of North Florida for the purpose of determining my eligibility for academic accommodations.

* Student Signature:

* Date:
* Information to be requested from:
* Professional’s Name:
* Address:
* City:
* State/Zip:
* Phone Number:

## ADD/ADHD Disability Documentation Requirements

In order to provide reasonable and appropriate academic accommodations to those students at the University who have disabilities, the Student Accessibility Center requires documentation which shows the current disability and its impact on academic functioning. Please provide either a current psychoeducational evaluation or have your medical professional complete **“Documentation Criteria for ADD/ADHD”** section.

If you are providing a psychoeducational evaluation, please note the following guidelines:

* Documentation must be current. The determination of what is current documentation depends on the nature of the disability. However, in most cases documentation should be within the last three years. The Student Accessibility Center reserves the right to make appropriate modifications to this time frame.
* The name, title, and professional credentials of the evaluator including information about licensure or certification, as well as, area of specialization, employment, and state in which the individual practices. Professionals conducting the evaluation/assessment must be qualified to do so, and it is essential that they have experience working with adolescent/adult populations.
* Psychoeducational Reports must be on letterhead, typed, dated, and have the original signature of the evaluator.
* Reports need to include the names of any standardized tests administered, the scores derived from these tests, and a discussion of the data that clearly indicates the presence of a disability. The Student Accessibility Center reserves the right to determine which tests are acceptable for diagnosing the disability. Standardized test scores must be based on appropriate norms.
* The report must clearly state the specific diagnosis of the disability. Terms such as ‘suggest’ or ‘is indicative of’ are not acceptable.
* The evaluator must describe the impact of the diagnosed disability on a specific major life function/activity (especially as it relates to academic performance).
* The diagnostic report should include specific recommendations for reasonable academic accommodations and an explanation of the rationale for each recommended accommodation as related to the specific functional limitations.
* If medications are taken, these should be listed as well as their potential side effects (especially as it relates to academic performance).

**Important Note: While school plans such as an Individualized Educational Plan (IEP), Transition Plans, Summary of Performance, Section 504 Plans, or a doctor’s prescription pad note provide useful information, these documents are NOT sufficient documentation.**

Please understand that evaluation reports themselves do not automatically qualify a student for registration with the Student Accessibility Center.

## Documentation Criteria for ADD/ADHD

### Diagnosing professional complete the following.

The University of North Florida Student Accessibility Center requires that the following criteria, consistent with the DSM-V, be met in documenting ADHD in adolescents and adults. Without such written documentation, a student will be unable to receive appropriate academic accommodations that may be critical for his/her success. **If you prefer to use this form rather than a psychoeducational evaluation, please have the diagnosing professional complete following parts of this form.**

Note: All documentation must include a specific diagnosis of ADHD and provide the evidence used to meet the seven criteria listed below. **It is important for all evaluations to state clearly how ADHD functionally impacts the student's life across settings and how it creates a substantial limitation in learning.** A clear rationale must be provided as to why specific accommodations are needed to mediate the impact of ADD/ADHD.

* Student's Name:
* Date:
1. Statement of DSM V diagnosis (DSM V classification and subtype).
2. Date student was diagnosed:
3. Date student last seen for treatment or evaluation:
4. Procedures and instruments used to make the diagnosis (e.g., clinical interview, behavior rating scales, neuropsychological or psychoeducational testing, names of tests).
5. Student’s past symptoms:
6. Interpretive summary of evaluation results, including all standardized scores that are available. The information derived from the instruments or procedures used to reach the conclusion that the student meets criteria for ADHD is required. Attach additional information as necessary.
7. Current symptoms that meet the criteria for diagnosis (Note that diagnosis based on DSM IV criteria include six or more symptoms of inattention and/or six or more symptoms of hyperactivity and impulsivity.
8. Information related to co-occurring symptoms or how other diagnoses were ruled out.
9. Currently prescribed medications, and the impact of the medications on the student’s ability to meet the demands of the academic program.
10. Ways in which current symptoms of ADHD interfere with **academic achievement**.
11. **Recommendations for academic accommodations to minimize the impact of the disability on the student’s academic performance.**
12. Ways in which current symptoms of ADHD interfere with living on campus and/or having a meal plan.
13. Should the student be exempt from living on campus and/or having a meal plan? Please answer and explain.
* Professional's Signature:

* Date:
* Title and Professional Credentials:
* License or Certificate #:
* Address:
* Office Phone Number:

Thank you for your prompt response to this request. Please return this information to:

Rusty Dubberly, Ed.D.

Director, Student Accessibility Center

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

E-mail: Rusty Dubberly(r.dubberly@unf.edu)