

University of Alaska Fairbanks (UAF) Disability Verification  
**Attention Deficit Hyperactivity Disorder**

The student listed below requested academic accommodations at the University of Alaska Fairbanks due to a disability. Comprehensive documentation that establishes the diagnosis and describes the impact on major life activities particularly learning, concentrating and student life is required.

This form must be completed by an appropriately licensed professional.

<p><b>Student completes this section:</b></p> <p style="text-align: center;"><i>UAF Student Data</i></p> <p>Name (please print): _____ Date: _____</p> <p>UAF Student ID: _____</p>
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<p><b>Professional completes this section:</b></p> <p>1. <b>Date of first contact with student:</b> _____</p> <p>2. <b>Date of last contact with student:</b> _____</p> <p>3. <b>DSM-IV-R diagnosis(es):</b></p> <p>    <b>Axis I:</b> _____</p> <p>    <b>Axis II:</b> _____</p> <p>    <b>Axis III:</b> _____</p> <p>    <b>Axis IV:</b> _____</p> <p>    <b>Axis V:</b> _____</p> <p>    <b>Date of diagnosis(es):</b> _____</p> <p>4. <b>In addition to applying DSM-IV-R criteria what other information did you collect to arrive at the diagnosis?</b> (check all that apply and attach narratives)</p> <p>    _____ Behavioral observations</p> <p>    _____ Developmental history</p> <p>    _____ Thorough academic history of elementary, secondary, and post-secondary education</p> <p>    _____ Rating scales</p> <p>    _____ Medical history</p> <p>    _____ Structured or unstructured clinical interview with the student</p> <p>    _____ Interviews with others (parents, teachers, spouse or partners)</p> <p>    _____ Neuropsychological or psychoeducational testing (check all that apply, date, and attach test results):</p> <table style="margin-left: 100px; width: 60%;"><tr><td><input type="checkbox"/> Wechsler Adult Intelligence Scale (WAIS)</td><td>Date administered: _____</td></tr><tr><td><input type="checkbox"/> Stanford-Binet</td><td>Date administered: _____</td></tr><tr><td><input type="checkbox"/> Wide Range Achievement Test (WRAT)</td><td>Date administered: _____</td></tr></table>	<input type="checkbox"/> Wechsler Adult Intelligence Scale (WAIS)	Date administered: _____	<input type="checkbox"/> Stanford-Binet	Date administered: _____	<input type="checkbox"/> Wide Range Achievement Test (WRAT)	Date administered: _____
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<input type="checkbox"/> Stanford-Binet	Date administered: _____					
<input type="checkbox"/> Wide Range Achievement Test (WRAT)	Date administered: _____					

**Professional completes this section:**

- Woodcock-Johnson
- Kaufman Test
- Other: \_\_\_\_\_

Date administered: \_\_\_\_\_  
Date administered: \_\_\_\_\_  
Date administered: \_\_\_\_\_

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

**5. Describe the differential diagnoses that were ruled out.** State the reasons for considering these diagnoses and the reasons for ruling them out:

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**6. Student's History:**

Provide evidence of inattention and/or hyperactivity during childhood in more than one setting and presence of symptoms prior to age twelve: Length and type of treatment:

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Provide a history of the use of any compensatory strategies, and formal and/or informal educational accommodations and services recommended as a result of this disorder:

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**7. Student's Current Specific Symptoms:**

Provide specific examples of current symptoms/problems supporting the ADHD diagnosis that have been reported by the student:

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Please indicate the limitations to major life activities posed by the disability:

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Describe the extent to which these limitations impact academics:

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Suggest how the effects of the disability may be accommodated and state how the effects of ADHD are mediated by the recommended accommodations:

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Professional completes this section:

**\*Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_ License: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO City State Zip

*UAF Disability Services Information*

Please Return this form to the student or to UAF Disability Services at:

UAF Disability Services  
PO BOX 755590  
Fairbanks, AK 99775

Phone. (907) 474-5655  
Fax. (907) 474-5688  
E-mail. [fydso@uaf.edu](mailto:fydso@uaf.edu)