The ADHD Disability Verification Form is meant to supplement information that is provided in a full medical/psychological evaluation report. AccessAbility Services (AS) requests documentation of a disability for the purpose of establishing disability status, understanding how the disability may impact a student, and supply adequate information on the functional impact of the disability so that effective reasonable accommodations can be identified. This form is intended to assist our service in determining eligibility for reasonable accommodations.

All information gathered by AS will be reviewed to determine eligibility for reasonable accommodations at The University of Waterloo. Reasonable accommodations are individually determined and should be based on the functional impact of the condition and how it is likely to interact with the environment. As such, accommodation recommendations may vary from individual to individual, even among those with the “same” disability diagnosis. Disability documentation submitted to this service is treated in a confidential manner according to all pertinent provincial and federal regulations.

Our service considers the individual with a disability to be a valuable source of information regarding the impact of their disability and the effectiveness of accommodations. Following admission to AS, the student requesting services will meet with an advisor either in person or by phone to assist in the discuss the academic accommodation plan and make changes as required during the admission.

NOTE:
An adult diagnosis of ADHD is required. If changes occur in the student’s functioning or requests for reasonable accommodations change updated assessment may be requested during admission to AS.

Individualized Educational Plans (IEP) and/or Identification Placement and Review Committee (IPRC) summaries from high school will be accepted as supporting documentation only. IEP/IPRC’s are not sufficient to access academic accommodations and are not transferrable to this university.

**Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person completing the form.**

Please submit pages #2 through #7 with your application
ADHD Disability Verification Form
AccessAbility Services - University of Waterloo
1404 Needles Hall, 200 University Avenue West, Waterloo, ON N2L 3G1
Phone: 519.888.4567 ext. 35082 Fax: 519.746.2401
Web: uwaterloo.ca/accessability-services/ E-mail: access@uwaterloo.ca

Purpose of this form
AccessAbility Services (AS) requires documentation from a licensed/registered psychologist, psychological associate, psychiatrist, or other relevantly trained physician, who has in-depth knowledge of a student’s condition, in order to arrange academic accommodation and/or related services. Information on this form also may be used to assess a student’s eligibility for financial support or other programs for students with disabilities while at the University of Waterloo. Documentation should be as complete as possible in order to facilitate AS’s assessment of a student’s request for services. All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student.

To be completed by student

Student Name: _______________________________ Date of Birth: _____/_____/_____

Student Number: _______________________________

I authorize the professional named in this form to disclose/share information concerning myself to AccessAbility Services (AS), University of Waterloo.

I understand that the information will be used to help plan accommodations and to support my learning while at university.

I understand that AS has the right to review my file and request updated documentation at any time during my admission to the University of Waterloo.

I further understand that this information will remain confidential to AS and will be securely stored during my admission to the University of Waterloo.

Date: _________________________ Student Signature: ______________________________

Student’s informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

Office Use Only

Reviewed by: _______________________________

Date: _______________________________

Notes: __________________________________
_____________________________________
_____________________________________
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Diagnostic Statement
Please provide a clear DSM diagnostic statement or indicate that the student’s difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions.

Primary DSM Diagnosis and date of diagnosis:______________________________________________

Secondary DSM diagnosis and date of diagnosis (if applicable):________________________________

Please provide below a summary of presenting symptoms, including level of severity:
________________________________________________________________________

Date the student was most recently seen by you: _________________________________________

Has this student undergone a psychological, neuropsychological, or psychoeducational assessment?
☐ Yes, Completed by: ________________________ Date: ______________  ☐ No:

Has this student completed any standardized or non-standardized rating scales?
☐ Yes  ☐ No

If yes, please specify the scales used: ____________________________________________________

Current Symptoms
Please complete symptom checklist noting challenges the student currently exhibits: (select all that apply)

Inattention: ☐

☐ often makes careless mistakes in schoolwork, work or other activities and fails to give close attention to details
☐ often has difficulty sustaining attention in tasks or activities
☐ often does not seem to listen when spoken to directly
☐ often fails to follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
☐ often has difficulty organizing tasks and activities, poor time management, fails to meet deadlines
☐ often avoids, dislikes, or is reluctant to participate in tasks that require sustained mental effort, like completing forms, preparing or reviewing lengthy reports
☐ often loses things necessary for tasks or activities (e.g. wallets, keys, mobile phones, books, etc.)
☐ is often easily distracted by extraneous stimuli including unrelated thoughts
☐ is often forgetful in daily activities
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Hyperactivity: □

☐ often fidgets with or taps hands or feet or squirms in seat
☐ often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected
☐ often experiences subjective feelings of restlessness
☐ often has difficulty engaging in leisure activities quietly
☐ is often “on the go” or often acts as if “driven by a motor”
☐ often talks excessively

Impulsivity: □

☐ often blurts out answers before questions has been fully asked
☐ often has difficulty awaiting turn, for example while waiting in line
☐ often interrupts or intrudes on others (e.g. butts into conversations or games)

Current Interventions & Management

Is this student currently taking medication(s) for their symptoms? ☐ Yes ☐ No

Medication Information

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage &amp; Frequency</th>
<th>Adverse effects currently experienced that impact ability to complete academic activities</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Are there significant limitations to the student’s functioning directly related to the prescribed medications?

☐ Yes ☐ No
If yes, describe the medication(s) and their effect on the ability to complete academic activities:

_____________________________________________________________________________________

If yes, do limitations/symptoms persist even with medications? ☐ Yes ☐ No

Is the student involved in any other (i.e. non-pharmacological) treatment for their symptoms?
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Do you consider the student to be in stable condition and able to cope with typical academic stresses?
☐ Yes    ☐ No

While the student is enrolled at the University, will you be monitoring him/her on a regular basis?
☐ Yes, every: ☐ No;
___________________________ this student will be followed by: _______________________

Is it your opinion that the student will be able to meet the demands of a full course load (15-20 hours of lectures, labs and/or tutorial meetings per week plus 25-30 hours of study time per week?
☐ Yes    ☐ No

If No, please estimate the maximum amount of time that the student should be able to spend in these activities: approximately ________________ hours per week.

Are there situations or activities that may worsen the student’s condition?

______________________________________________________

Consider functions necessary to participate in post-secondary studies. Check abilities and activities that are affected by the student’s current symptoms and functional limitations.

<table>
<thead>
<tr>
<th>Life and Academic Activities</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration</td>
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<td>Memory</td>
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<td>Sleep</td>
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<tr>
<td>Managing internal distractions</td>
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<tr>
<td>Managing external distractions</td>
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<tr>
<td>Timely completion of tasks</td>
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<td>Regular and timely attendance</td>
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<td>Making and keeping appointments</td>
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<td>Organization</td>
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<td>Note-taking</td>
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<td>Examinations/evaluative situations</td>
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<tr>
<td>Information Processing (verbal)</td>
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<td>Information Processing (written)</td>
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<td>Retaining of information</td>
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<tr>
<td>Other:</td>
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</table>

Current Symptoms & Recommended Accommodations
Please list the student’s current symptoms. Indicate what reasonable academic accommodations and/or services the student will require. Your rationale for each request should be based upon specific functional limitations related directly to the student’s diagnosis of ADHD. See example:
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Example: “A student who has difficulty concentrating may be challenged to focus on lectures and need note-taking assistance or use of a LiveScribe pen as a reasonable accommodation in the classroom.”
Symptom: Difficulty Concentrating
Recommended Reasonable Accommodation: Note-taking assistance or use of a LiveScribe pen.

Please complete the section below for symptoms and recommended reasonable accommodations:

Symptom: __________________________________________________________________________
Recommended Reasonable Accommodation(s):
___________________________________________________________________________________

Symptom: __________________________________________________________________________
Recommended Reasonable Accommodation(s):
___________________________________________________________________________________

Symptom: __________________________________________________________________________
Recommended Reasonable Accommodation(s):
___________________________________________________________________________________

STATEMENT OF DISABILITY
Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student’s eligibility for funding. **Permanent disability is defined as a functional limitation due to the disorder that restrict the student’s ability to perform daily activities necessary to participate in post-secondary studies, and that is expected to remain with the student for the student’s expected life.**

1. In your professional opinion, does this condition constitute a disability? (Please circle) Yes No
2. Is this a permanent disability as defined above? (Please circle) Yes No
3. If this is a temporary disability what is the anticipated **duration**? From __________ to ___________
4. This is a non-disabling condition in the academic setting? (Please circle) Yes No

Additional Information:
The health care professional should also send any reports that provide additional related information. Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

Signature ________________________________ Date ________________________________

Print name _______________________________________________________________________

Title __________________________________________ Registration # ________________

Office Stamp

Profession: ☐ Psychologist ☐ Psychiatrist ☐ Family Physician ☐ Pediatrician ☐ Other___________

Address: ___________________________________________________________________________

Phone ________________________________ Fax ________________________________