BSU Disability Verification Form: Provider Information and Form Documentation of Attention Deficit Disorder.

Please ensure that your clinician follows the stated guidelines and is qualified to provide the necessary information. See the last page of this document for a list of recommended/acceptable practitioners

Disability Support Services at Bowie State University (BSU) provides academic, housing/dining, and programmatic accommodations for students with documented disabilities as defined under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, including learning.

Academic adjustments and other accommodations are intended to provide equal access to university programs and services. To determine reasonable and appropriate accommodations, BSU students must submit documentation that clearly specifies the presence of a disability and provides recommendations for accommodations suitable for a college setting, based on significant functional limitations (e.g., the impact of the diagnosed condition on current functioning).

Please note that a prior history of receiving accommodations does not guarantee that accommodations will be provided at BSU.

IMPORTANT: You have been asked to provide comprehensive documentation by your patient/client who has requested accommodations at BSU.

Please see https://www.bowiestate.edu/academics/support-services/disability-support-services/ for more information.

Documentation of attention deficit disorder should be current. In most cases, this means that it was completed within the past three years.

The evaluation must be performed by a professional who has training and direct experience diagnosing or treating young adults with attention deficit disorders.

Diagnostic reports must be on official letterhead and include the evaluator's name, title, and professional credentials. All reports must be signed and dated.

Components of Documentation:
Diagnosis – a complete diagnosis with an accompanying description of the specific symptoms experienced by the student and their impact on academic, social, behavioral and emotional functioning. The diagnosis should be based upon a comprehensive clinical interview, review of personal and

family history, and, where clinically appropriate, formal psychological, educational, or neuropsychological testing. **Attach standardized assessments as appropriate.**

Current Treatment – Identification of treatment, medications, or other services and/or interventions currently prescribed or in use, which might warrant accommodation (such as medication side effects).

Evaluation of Impact – Identification of the substantial limitation on a major life activity presented by the disability, and a description of the current functional impact of the disability in a college setting. **The assessment should validate the need for services based on the impact of the student's disability and level of functioning in an educational setting.**

Specific Recommendations – Suggested accommodations and/or academic adjustments, with an explanation supporting the need for each accommodation to achieve equal access. **Diagnostic information must support the need for the requested accommodations**.

Please refer to the additional information pertaining to each applicable disability in subsequent sections.

I. Supplemental Information for Documentation of Attention Deficit/Hyperactivity Disorders:

***Please indicate the following DSM-5 attention deficit/hyperactivity diagnostic criteria as appropriate to describe symptoms used to establish diagnosis**:*

A. Persistent pattern of inattention and/or hyperactivity-impulsivity:

Inattention (e.g., attention to details, careless mistakes, distractibility, follow-through on tasks, disorganized, forgetful in daily activities)

Hyperactivity/Impulsivity (e.g., fidgets, restless, excessive talking, blurts out answers, trouble waiting, interrupts or intrudes)

Some symptoms were present before age 12, even when the diagnosis was established later.

Symptoms have been present for at least 6 months at the time of diagnosis

B. Clinically significant impairment in social, occupational, or other important area of current function (including academic). Clear evidence that symptoms interfere with or reduce the quality of functioning (school, work, social functioning).

C. Several symptoms are present in at least two settings (work, school, home, with friends, relatives, or coworkers).

D. Symptoms are not better explained by other physical or mental condition.

Current DSM Diagnoses (indicate all that apply):

ADHD (predominantly hyperactive-impulsive, predominantly inattentive combined)

Severity of condition: mild, moderate, severe

Other current diagnoses:
- Major depressive disorder
- Anxiety disorder (specify type)
- Bipolar mood disorder
- Autism spectrum disorder
- Relevant medical conditions (e.g., concussion or mild traumatic brain disorder, other neurological condition, sleep disorder, hearing or vision problems)

Other historical diagnoses (if relevant)

Date of initial diagnosis

Date of current diagnosis

Period under your care for this condition

II. Functional Impact of Diagnosed Disorder(s) (all diagnoses):

***Please indicate all the following as appropriate to describe the patient's current functional limitations in the university setting**:*

Difficulties with executive functioning:
- Attention, focus, and concentration
- Organization
- Distracted by internal or external stimuli
- Time management, long-range planning
- Task completion
- Working memory
- Flexibility
- Reflection and adaptation

Difficulties with self-regulation:
- Emotional control
- Behavioral control
- Impulse control
- Maintaining motivation
- Self-monitoring

Difficulty with social communication and interpersonal function:
- Communicating with faculty/staff/peers
- Making friends, fitting in with peers
- Collaboration and working in groups
- Speaking or presenting in public
- Clear or coherent verbal communication
- Nonverbal communication

Difficulty with information processing:
- Critical thinking
- Applying logical reasoning
- Breaking down complex problems

Information gathering and analysis
Drawing inferences
Connecting information across different modalities (e.g., reading, lecture, etc.)
Simultaneous listening and taking notes

Other (please describe):
Sensory processing (over- or under-reactive to stimuli)
Social anxiety
General anxiety
Isolated
Depressed or low mood
Suicidal thoughts/gestures/actions
Self-harm
Vulnerability to stress
Adapting to change

III. Please provide any additional information/context as appropriate concerning the student's functional limitations. **Attach any standardized assessments, including score summaries as appropriate**

IV. Recommendations for Accommodations. **Please provide specific recommendations for accommodations that address the indicated functional limitations:**

Academic (including test taking):
Classroom:
Social and co-curricular:
Housing & Residential:

ATTENTION PROVIDER:

***The information provided serves to verify that the individual referenced has received a clinical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in accordance with DSM-5 criteria (Code 314) or ICD-10 classification (Code F90.9).**

***Furthermore, please affirm that you are a licensed and credentialed professional authorized to render such a diagnosis.**

***Please ensure to include the following information in the documentation-**

Provider Name:
Title:
State of licensure:
License #:
Practice Name and Address:
Phone:
Email:
Provider Signature (REQUIRED):
Date of Signature

How to Obtain Documentation:

The professional completing the documentation should be a provider with comprehensive training and experience in the relevant specialty, who holds appropriate licensure and/or certification, has an established relationship with the student, and knows the extensive history and functional limitations of the student's condition(s).

The following practitioners are acceptable to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

Recommended Practitioners for Accepted Documentation

Disability or Condition	Acceptable Practitioner
Attention Deficit Hyperactivity Disorder	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of the condition
Developmental Disability	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist to include general medical physicians
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner, licensed
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, or other physician knowledgeable of the condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist

Disability Support Services

Bowie State University

Central Email: dss@bowiestate.edu

Central Office Phone: 301-860-4085