Bucks County Community College
The Accessibility Office

Disability Verification
For students with Attention Deficit Disorders to be completed by Psychiatrist/Psychologist/Diagnostic Physician

Eligibility requirements for support services for students with ADHD:
1. Student provides clear verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with ADHD at Bucks County Community College, students needing such services are required to provide current and comprehensive documentation of their disability.

This documentation includes information that diagnoses the ADHD, describes the attention difficulties and functional limitations in an educational setting, indicates the severity and longevity of the condition, excludes other causes for the symptoms and offers recommendations for treatment.

To facilitate the gathering of such critical information, we ask that you please respond to ALL of the following questions. Incomplete forms may be returned.

Please provide the following information about ______________________________________ (Student’s name)

1. DSM Diagnosis: ________________________________________________________________

2. Date of Diagnosis: ___________________________
   Last contact with Student: __________________________________

3. Diagnostic tools used to assess/diagnose ADHD: _________________________________
   __________________________________________________________

⇒Please attach diagnostic report.⇐

4. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset:
   ______________________________________________________________
   ______________________________________________________________

5. What methods were used to rule out other alternatives or dual diagnosis for symptoms appearing to be similar to an ADHD diagnosis?
   ______________________________________________________________

6. Is the student’s functioning limited in the following:
   ☐ Test taking? In what way________________________
   ______________________________________________________________
☐ Note taking; in what way__________________________________________________________

☐ Organizing thoughts; in what way____________________________________________________

☐ Written language expression; in what way______________________________________________

☐ Initiation and follow through; in what way______________________________________________

☐ Other; in what way_________________________________________________________________

7. Describe specific recommendations concerning reasonable academic accommodations to equalize this student’s educational opportunities at the post-secondary level. Describe services/accommodations in exam administration, classroom or study activities, or course requirements.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

⇒In addition to the diagnostic report, please attach other information relevant to this student’s academic adjustment.⇐

Signature:________________________________________ Date:__________________________

________________________________________ (Print Name)  (Title) (Work Phone)

________________________________________ (Street) (City) (Zip)

Return this information to:

April N. Thompson, MSRC Assistant Director/ Learning Specialist
or
Marie S. Cooper, MS, CRC, Director,
disAbility Services, Bucks County Community College,
275 Swamp Rd., Newtown, PA 18940

(215) 968-8182 voice (215)968-8033 fax