UNIVERSITY OF SOUTHERN INDIANA DISABILITY RESOURCES
VERIFICATION OF DISABILITY

**Attention Deficit Disorders (ADD/ADHD) only.** For learning disabilities, psychological disorders, health impairments or ADD/ADHD that is co-existing with other disabilities, please use the other verification form.

**PLEASE TAKE THIS COVER SHEET TO YOUR SPECIALIST:** Qualified individuals include psychologists, neuropsychologists, psychiatrists, and other certified or licensed specialists with relevant training.

*Documentation must be submitted by a qualified practitioner who is not a family member of the student.*

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Student’s full name______________________________________________________________

Student’s email_________________________________________________________Phone________________________________________________

*Please attach the following to this cover sheet to document the individual’s disability and verify the need for accommodations. The evaluation should have been completed within the last five years, be on official letterhead and have an original signature.*

**The documentation should:**

- Clearly state a diagnosis of ADD/ADHD (based on current DSM criteria preferred)
- Reflect current functioning
- Provide an assessment (e.g. neuro-psychological, psycho-educational), which should include:
  - Clinical interview and observation
  - Developmental and academic history
  - Results from Standardized Rating Scales: Provides information about student's behavior across environments
  - Clinical interpretive summary
- Describe the functional limitations of the condition and the resulting impact on major life activities
- Include information about any medications that may cause additional functional limitations or side-effects
- Establish a relationship between the functional limitations of the condition and any recommended academic accommodations or adjustments, including auxiliary aids and services

*Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process.*

Specialist’s Printed Name __________________________________________________________

Specialist’s Signature ______________________________________________________________________

Specialty Area __________________________________________________________________________

Contact Telephone Number ________________________________ Date _____________________

PLEASE RETURN TO:
Ronda Stone, Disability Resources Coordinator
USI Disability Resources, OC 095
8600 University Boulevard, Evansville, IN 47712
Phone: 812-464-1961 Confidential Fax: 812-464-1935

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