



Student Disability Services
Gleeson Library LL 20

Academic & Enrollment Services
2130 Fulton Street
San Francisco, CA 94117-1080
TEL 415 422-2613
FAX 415 422-5906

USF-Student Disability Services ADHD Verification Form

Name Last First MI Tel

Address City State Zip Code

To the Medical Professional:

The student named above is seeking academic accommodations/ services through the office of Student Disability Services at University of San Francisco (USF). To ensure provision of reasonable and appropriate services for students with Attention Deficit/ Hyperactive Disorder, USF requires documentation of disability and information from a qualified medical professional that provides:

1. the diagnosis of ADD/HD
2. a description of attention difficulties and functional limitations in an educational setting
3. an indication of severity and longevity of the condition
4. information about medications prescribed and side effects of these medications

To facilitate the gathering of information, we ask that you respond to the questions listed below:

Date of Diagnosis: _____

Date of last contact with student: _____

State frequency of appointments with student: _____

What is the student's DSM IV diagnosis:

Describe the student's current symptoms that meet the criteria for diagnosis with approximate date of onset: _____

Describe the symptoms related to the student's condition that cause significant impairment in a major life activity _____

Is this student taking medication? If yes, please list medications, indicate dates of initial prescription and possible side effects of the medication: _____

State specific recommendations regarding accommodations for this student and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary (e.g.: if you suggest extended time state the reasons for this request related to the student's disability, and supported by psychometric testing)

Please submit, with this verification report, any diagnostic information (e.g.: psychoeducational assessments etc) that is relevant and appropriate in determining accommodations for this student

Signature of Provider: _____

Date: _____

License #: _____ State: _____

Please attach a statement describing your professional training in diagnosing ADHD.

Name/ Title: _____

Address: _____

Phone: _____

Please submit all documentation to:

USF-Student Disability Services

2130 Fulton Street

Gleeson Library Lower Level Rm. 20

San Francisco, CA 94117-1080

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