



Graham Middle School

Onwards & Upwards, Towards Enlightenment

Verification Form for Students with Psychological Disabilities and Attention-Deficit/Hyperactivity Disorder

Students seeking support services from Student Accessibility Services on the basis of a previously diagnosed psychological disability or Attention-Deficit/Hyperactivity Disorder (AD/HD) are requested to submit documentation that verifies their eligibility under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and the ADA Amendments Act. The documentation should describe a disabling condition, which is defined by the presence of substantial limitations in one or more major life activities. This form is intended to guide the documentation process. Please contact us at (484) 258-2410 with any questions. It is the student's responsibility to ensure that GMS Student Services receives this form or other appropriate documentation.

**All documentation submitted is considered confidential.
Original copies of documentation will not be returned.**

Student Information:

Name: _____ Date: _____
Student ID Number: _____
Phone: _____
Email: _____

Provider Information:

I certify, by my signature below, that I am not related to the student. My signature also certifies that I conducted, or formally supervised and co-signed, the diagnostic assessment of the student named above.

Signature: _____ Date: _____
Print Name and Title: _____
State of License: _____ License Number: _____
Address: _____
Street or P.O. Box City State Zip: _____
Phone: _____ Fax: _____



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The information below is to be completed by the Provider.

1. If available, please list all DSM-5 or ICD Diagnoses (text and code):

a. Date diagnosed: _____

b. Date of your last clinical contact with student: _____

2. Evaluation a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

Structured or unstructured interviews with student.

Interviews with other persons (i.e., parent, teacher, therapist).

Behavioral observations.

Neuropsychological testing. Attach documentation.

Psychoeducational testing. Attach documentation.

Other (Please specify). _____

b. Current treatment being received by student:

Medication management: Current medications: _____

Outpatient therapy: Frequency: _____

Group therapy: Frequency: _____

Other (please describe): _____

c. Approximate age of onset: _____

d. Severity of symptoms

Mild Moderate Severe

e. Prognosis of disorder:

Good Fair Poor

Please explain:

3. Functional Limitations

