

Office of Disability Services

Diagnostic Interview Form: Disability Verification for Students with ADD/ADHD

To be completed by Evaluator:

Eligibility requirements for support services for students with ADD/ADHD:

1. Student provides comprehensive documentation as outlined in attached guidelines, including this form.
2. Student is assessed as having a functional limitation in the educational setting with evidence to establish a rationale to support the need for accommodations(s).

Please provide the following information about _____
(Student's Name)

Permission for release of information to Southern New Hampshire University:

Signature of Student: _____

1. DSM IV Diagnosis:

2. Level of Severity: (circle one) mild moderate severe
Global Assessment of Functioning Scale Score:

3. Date of Diagnosis: _____

Length and type of treatment:

Last contact with student:

Presenting Problem (chief complaint, major symptoms, history of complaint):

4. Development History:

5. Family/Social Background (basic family structure, history of family Dysfunction, alcoholism, abuse, psychiatric illness, potential as support system, major medical history):

6. Previous Psychiatric Treatment and Medications:

7. Medical Problems – Current Medications:

8. Academic History:

9. Describe this student's functional limitations in an educational setting:

10. What are your recommendations regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary? (Describe services/ accommodations in exam administration, classroom or study activities, or University requirements.)

Signature: _____

Print Name and Title: _____

Address: _____

Phone: _____

Date: _____



Please return this form to:

Office of Disability Services
Southern New Hampshire University
2500 North River Road
Manchester, NH 03106-1045
Phone: 603-668-2211
Fax: 603-645-9718
Attention: Hyla Jaffe, Lisa Levy, or Liz Henley