Students with a documented learning disability of AD/HD are entitled to reasonable accommodations and/or support services under the Americans with Disabilities Act (ADA) Sections 504 of the Rehabilitation Act of 1973. To establish whether or not an individual is covered under ADA, documentation should be provided that clearly indicates how the disability results in a substantial functional limitation to learning. In addition to the documentation from a qualified professional, students must also submit the Self-Disclosure and Accommodation Request Form that is available either on the website or from the Learning Center.

The AD/HD Disability Verification Form is provided in order to determine ADA eligibility. This form should be completed by a qualified professional, provide a current diagnosis status, and should include a comprehensive summary of diagnosis (see Guidelines for Documentation of a Learning Disability). Please note that a letter from the diagnosing qualified professional containing the information included in this form is sufficient.
AD/HD and ADD Disability Verification Form

Students with AD/HD and ADD are only eligible for support services based on documentation stating:

1. Verification of diagnosis.
2. Assessment of having a functional limitation in the educational setting.

To be completed by the student:
I ______________________ give my permission for the release of the following information to the Jose M. Calhoun Learning Center at Green Mountain College.

Student’s Signature

THE REMAINDER OF THIS FORM SHOULD BE COMPLETED BY THE QUALIFIED, DIAGNOSING PROFESSIONAL:

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

Student’s Date of Birth_________________ Student’s SSN ___________________

1. DSM Diagnosis: __________________________________________________________

2. Date of Diagnosis______________ Last Contact with Student_______________

3. Please check the following functional limitations that directly affect the student’s learning:

___ Organize/Sequence
___ Easily Distracted
___ Difficulty Focusing for Extended Periods of Time
___ Difficulty Formulating and Executing a Plan of Action
___ Poor Concentration
___ Abstract Thinking
___ Panics
___ Other: ________________________________________________________________
4. Please check reasonable academic accommodations that may equalize this student’s opportunity to succeed at the post-secondary level.

___ Extended Time on Tests  
___ Distraction Reduced Environment  
___ Preferential Seating  
___ Other ____________________________

5. Is this student currently on medication? Yes_____ No_____

6. Does this student continue to need educational services or accommodations when on current medication or utilizing recommended treatment plan?

7. In addition to this diagnosis report, please include any other material relevant to the student’s academic adjustment at Green Mountain College:

Signature of Diagnostic Practitioner: ____________________________________________
Type of License:____________________State of License and Number:_____________
Print Name and Title: _______________________________________________________
Telephone: ______________________________________________________________
Address:________________________________________________________________
________________________________________________________________________

Please return this form and supporting documentation to:

Amy Jackson  
Learning Specialist  
Jose M. Calhoun Learning Center  
Green Mountain College  
One Brennan Circle  
Poultney, VT 05764  
(802)287-8812  
calhounlearningcenter@greenmtn.edu