

## Verification of Attention Deficit/Hyperactivity Disorder (ADHD/ADD)

(To be completed by diagnosing physician, psychiatrist or psychologist)

**Chattahoochee Technical College** provides services to students with diagnosed Attention Deficit/Hyperactivity Disorder (AD/HD). To determine eligibility for services, the office that provides services requires current and comprehensive documentation of the disorder from the diagnosing physician, psychiatrist, and psychologist.

Please answer the following questions pertaining to:		
1.	DSM diagnosis, date of diagnosis and last cont	act with student.
2.	Describe symptoms the student has which me	et the criteria for this diagnosis.
3.	What instruments and procedures were used	to diagnose the AD/HD? Please attach diagnostic report.
4.	List current medication(s), dosage, frequency,	and adverse side effects.
5. double	What recommendations do you have regarding academic accommodations, e.g., time and-a-half or uble time for exams, distracting free room for exams, note taker, etc.?	
Signature:		ate:
Print Name:		tle:
Address:		hone and Fax:
City:		cate/Zip:

Return information to: Chattahoochee Technical College, Office of Disability Services

North Metro Campus: 5198 Ross Road, Acworth, GA 30102 ● 770-975-4099 office ● 770-359-5812 fax

Marietta Campus: 980 South Cobb Drive, Marietta, GA 30060 ● 770-528-4529 office ● 404.591.5642 fax

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