

**Lawrence Memorial/Regis College
Nursing and Radiography Programs**

170 Governors Avenue, Medford, Massachusetts 02155
TEL (781) 306-6600 FAX (781) 306-6655 www.lmregis.org



**Center of Excellence
in Nursing Education**

ADD or ADHD Verification Form

For the Licensed Professional to Complete: To verify this student's eligibility for disability services and to support the formulation reasonable accommodations, this student must provide current and comprehensive documentation of a disability.

Student's Name _____ DOB _____

Diagnosis (DSM criteria) _____

Date of onset _____ Date last seen _____

Level of Severity (circle one) Mild Moderate Severe

Description _____

Please list medications prescribed to this student for this condition and side-effects (if any) that may impact the student in a college academic setting.

Please describe academic accommodations you would recommend for this student. Consideration will be given to your recommendations in combination with provisions of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. _____

Please attach the results of diagnostic assessments administered within the last 3 years.

(Licensed professional's printed name)

(Licensed professional's signature)

(Date)

(Licensed professional's title office address phone number)

Return completed form to:

Colleen M. Walsh, MBA
Director, Student and Alumni Services
Lawrence Memorial/Regis College
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Medford, MA 02155

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