

ADD or ADHD Verification Form

Dear Licensed Medical Professional, your client has been accepted to Lawrence Memorial/Regis College and has requested LMRC provide learning accommodations based on an ADD or ADHD diagnosis. Please complete this verification form on their behalf, as federal law requires this documentation so LMRC can confirm their eligibility for services. Thank you.

Client'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 + side effects (if any) that may impact the student in a college academic setting.

Please describe academic accommodations you would recommend for your client. Your recommendations will be considered 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.

Please sign, date and provide your contact information

(Licensed professional's printed name) (Licensed professional's signature) (Date)

(Licensed professional's title office address phone number)

Please return this completed form to either your client or send to:

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