

**Verification of Attention-Deficit Disorder by a Credentialed Professional**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
of \_\_\_\_\_

(Facility/Group) (Address) (Phone)

To release my medical information, tests, and/or records to the Center for Accessibility Resources at Saint Xavier University for the purpose of determining my eligibility for disability services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY:** Per the Family Educational Rights and Privacy Act (FERPA), Saint Xavier University's Center for Accessibility Resources upholds the confidentiality of each student's disability-related information. Disclosure of information to any party requires a signed release by the student.

**TO THE MEDICAL PROFESSIONAL:** To protect the above student from discrimination and determine his/her entitlement to reasonable academic accommodations, current documentation verifying the individual's disability must be provided. Please (1) complete this form in full, (2) provide copies of all relevant tests/reports/case notes, including an interpretative summary, and (3) attach a cover letter on professional letterhead with your title and credentials. Send the collective paperwork to Margaret Rose McDonnell, Director of the Center for Accessibility Resources, at Saint Xavier University via student, email, or mail.

**VERIFICATION SUMMARY**

1. Date of initial intake: \_\_\_\_\_ Date of last evaluation: \_\_\_\_\_
2. Please give a statement of diagnosis. Discuss alternative diagnoses/possibilities that were ruled out.
  
3. Describe the diagnostic methodology used.
  
4. Do the attached reports include evidence of early impairment in more than one setting?
  - a. Yes (list multiple settings): \_\_\_\_\_

**SAINT XAVIER UNIVERSITY**

**Center for Accessibility Resources ♦ Margaret Rose McDonnell, Director**

**3700 West 103rd Street Chicago, IL 60655 ♦ (773) 298-3956 ♦ accessibilityservices@sxu.edu**

b. No (please explain): \_\_\_\_\_

- 5. Was the Student evaluated while on medication?                      Yes      No
- 6. Did the prescribed yield a positive response?    Yes      No
- 7. Describe the **current** functional limitations and how they hinder the individual's performance in an educational setting.

8. What academic accommodations do you recommend? (e.g. assistive devices, support services, compensatory strategies, etc.)

9. Please provide any additional information, such as information about currently prescribed medications, etc., and how they may influence recommended accommodations.

**CREDENTIALLED PROFESSIONAL:**

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Name (Print)	Title	License/Certificate Number
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Signature	Date
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**Thank you for your time in providing this information.**

**Please email or mail this form, all relevant tests/reports/case notes,**

**and a letterhead with your name/credentials to:**

Margaret Rose McDonnell, Director of the Center for Accessibility Resources

Saint Xavier University

3700 West 103rd Street, Chicago, IL 60655

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