



University of  
Massachusetts  
UMASS Medical School

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**Katrina Durham, MS**  
Director of Student/Learner Accommodation Services

## Verification of ADHD

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am requesting support through the Office of Student/Learner Accommodation Services at UMMS. This requires current and comprehensive documentation of my diagnosis/disability as one of the criteria used to evaluate my potential eligibility for reasonable accommodations/services. I hereby authorize you to complete the following questions and return promptly to the Director of Student/Learner Accommodation Services. I further authorize the Director to contact the provider listed below if clarification is needed.

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

Health Care Provider Name \_\_\_\_\_

Title \_\_\_\_\_

Organization and Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**THE AREA BELOW MUST BE COMPLETED BY THE PROVIDER LISTED ABOVE**

1. Date of Diagnosis \_\_\_\_\_ Date last seen \_\_\_\_\_

2. DSM-V Diagnosis \_\_\_\_\_

3. DSM-V Code \_\_\_\_\_

4. What were the assessment/evaluation procedures used to make the diagnosis? Please provide historical data that was considered in making the diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

5. Present symptoms consistent with the DSM- V diagnosis (check all that apply)

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- Often fails to give close attention to details or makes careless mistakes
- Often does not follow through on instructions and fails to finish tasks
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Often does not seem to listen when spoken to directly
- Often has difficulty sustaining attention in tasks
- Often has difficulty with organization
- Often loses things
- Is easily distracted
- Often forgetful in daily activities
- Displays symptoms of hyperactivity and/or impulsivity (e.g., often fidgets, has difficulty remaining seated, experiences feelings of restlessness, excessive talking, blurts out answers before questions completed, etc.)

6. Student displays the following additional symptoms: \_\_\_\_\_

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7. What if any other diagnoses are co-existing with the ADHD diagnosis?

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8. Explain the impact of this condition on the student's ability to learn and or meet the demands of the medical school setting/clinical requirements.

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9. Recommendations for potential reasonable accommodations:

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Health Care Provider's Signature: \_\_\_\_\_

Date

License type/number: \_\_\_\_\_