

ADHD Verification Form

Student Name and ID Number: _____

Date of Birth: _____ Phone: _____ BC Email: _____

The following information is to be completed by a qualified health professional and either returned directly to Accessibility Resources or the student. This information will be used to assist Broward College in determining appropriate accommodations.

Type of ADHD _____

Diagnostic Code _____

Circle One: Mild Moderate Severe

Date of Diagnosis _____

How long has the student been your patient? _____

Please attach any information that will assist Broward College with determining appropriate accommodations for this student, such as case notes, direct observations, psychological evaluations, or other test results.

Signature _____
Date

Print Name, Title, License Number

Address and Phone Number