

# Verification Form for Learning Disabilities (LD) and/or Attention Deficit Disorders (AD/HD) - Calvin College

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Calvin College is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the College programs and services. Federal law defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking breathing, learning, working or taking care of oneself. In order to provide reasonable and appropriate services for students with Learning Disabilities and/or Attention Deficit/ Hyperactivity Disorder, students are required to provide current and comprehensive documentation of their disability.

This form should be filled out by a **psychologist or medical professional** and is designed to verify diagnosis and direct the services to students with disabilities, located in the Office of Academic Services (OAS) in servicing the student with necessary accommodations. Please fill out this form as comprehensively as possible and include any written reports (A copy of documentation requirements for written reports is included).

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## **Release of Information**

I, \_\_\_\_\_, hereby authorize the exchange and release of the following confidential information to Student Academic Services and Calvin College for the purpose of determining my eligibility for educational accommodation.

\_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

### **Student Information** (this section to be completed by the student)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Calvin ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Certifying Professional**

Name/ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

License/Certification # and state of licenser \_\_\_\_\_

Date of initial contact with student \_\_\_\_\_ Date of last contact \_\_\_\_\_

DSM-IV Diagnosis and/or Specific Type of Learning Disability (LD)

\_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

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**STUDENT NAME:** \_\_\_\_\_

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Please list procedures/assessments used to diagnose the student's condition as well as the results revealed. (Please attach a copy of your diagnostic report.)

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Please list the diagnostic criteria met for the diagnosis of AD/HD and/or LD.

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What treatment and/or medication have been prescribed?

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### **Implications for Educational Success**

Based on the results of your evaluation, what recommendations would you suggest for academic accommodations. (Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.) Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed. (Please check and write an explanation.)

Extended time to complete exams \_\_\_\_\_

Quiet and separate location \_\_\_\_\_

Note-taker \_\_\_\_\_

Coaching Program \_\_\_\_\_

Other \_\_\_\_\_

This form should be returned to:

**Calvin College**  
**Office of Academic Services**  
**Attn: Services to Students with Disabilities**  
**1845 Knollcrest Circle SE**  
**Grand Rapids, MI 49546**

**Phone #: (616) 526- 6113**

**Fax #: (616) 526-7066**

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**STUDENT NAME:** \_\_\_\_\_