



ACCESSIBILITY SERVICES OFFICE  
 HARVARD UNIVERSITY DIVISION OF CONTINUING EDUCATION  
 Harvard Extension School \* Harvard Summer School  
 51 Brattle Street, Cambridge, Massachusetts 02138 – 3722  
 (Phone) (617) 998-9640 \* (Fax) (617) 410-4069 \* [accessibility@extension.harvard.edu](mailto:accessibility@extension.harvard.edu)

## *Learning Disabilities and Attention Deficit Hyperactivity Disorder Provider Verification Form*

The information supplied on this verification form should reflect the current impact on your patient/client’s condition. The LD/ADHD Provider Verification form should be returned to the Accessibility Services Office (ASO) of Harvard University’s Division of Continuing Education. This form is to be completed by the clinician. Please be aware that information which is incomplete or illegible may require additional follow-up from the ASO.

Your client/patient may qualify for reasonable accommodation pursuant to the Americans with Disabilities Act (ADA). We are seeking your professional input in order to determine if your client/patient qualifies as disabled and, if so, what reasonable accommodations may be necessary and appropriate for accessing the School’s programs and activities. In responding below we request information about the nature of the impairment(s), its impact on the student’s major life activities and to what degree.

Date: _____		
Student Name:		DOB: _____
Last: _____	First: _____	M.I.: _____
Date of initial contact with student/patient: _____		
Date of onset of the condition: _____		
Patient was last seen on: _____		

<b>Please list diagnosis(es), functional limitations (Fl) and level of severity <i>compared with most people in the general population</i></b>	<b>Severity of Dx Frequency of Sx</b>		
Dx 1)	Mild	Moderate	Severe
Fl:			
Fl:			
Fl:			
Dx 2)	Mild	Moderate	Severe
Fl:			
Fl:			
Fl:			



ACCESSIBILITY SERVICES OFFICE  
HARVARD UNIVERSITY DIVISION OF CONTINUING EDUCATION  
Harvard Extension School \* Harvard Summer School  
51 Brattle Street, Cambridge, Massachusetts 02138 – 3722  
(Phone) (617) 998-9640 \* (Fax) (617) 410-4069 \* [accessibility@extension.harvard.edu](mailto:accessibility@extension.harvard.edu)

Dx 3)	Mild	Moderate	Severe
Fl:			
Fl:			
Fl:			
Dx 4)	Mild	Moderate	Severe
Fl:			
Fl:			
Fl:			
Dx 5)	Mild	Moderate	Severe
Fl:			
Fl:			
Fl:			

Please provide information on the process of evaluation to arrive at the diagnosis.

Please state any recommended accommodations or modifications you believe would be <i>necessary</i> to ensure equal access for this student in an educational environment:



ACCESSIBILITY SERVICES OFFICE  
HARVARD UNIVERSITY DIVISION OF CONTINUING EDUCATION  
Harvard Extension School \* Harvard Summer School  
51 Brattle Street, Cambridge, Massachusetts 02138 – 3722  
(Phone) (617) 998-9640 \* (Fax) (617) 410-4069 \* [accessibility@extension.harvard.edu](mailto:accessibility@extension.harvard.edu)

Please provide information you believe to be relevant that we did not request:

**Provider Information:**

Provider Name (print): \_\_\_\_\_  
Provider Signature: \_\_\_\_\_  
License or Certification #: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Release of Information:**

I \_\_\_\_\_ hereby release my confidential medical information to Harvard University's Division of Continuing Education, Accessibility Services Office for the purpose of obtaining accommodations related to a disability. If information contained in this document is unclear, I hereby give permission to the Accessibility Services Office and my provider named herein permission to discuss my medical situation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This release of information is permissible until: (date) \_\_\_\_\_ or, one year from the date signed.