

Verification of Attention-Deficit Disorder (ADD)/ Attention-Deficit/Hyperactivity Disorder (ADHD)

RowanSOM Disability Services
Academic Center, Suite 210
1 Medical Center Drive
Stratford, NJ 08084
856-566-6980

1. Student Section

To determine eligibility for accommodations and support services, the Office of Academic Affairs / CTL requires specific information from both you and your provider. You must complete Student Section I, and your provider must complete Provider Section II. The entire verification form (all five pages) must be returned to the address listed above before services can be provided. Be sure to sign the release of information authorization below giving the Office permission to speak to your provider if there are questions related to your documentation.

A. STUDENT INFORMATION

STUDENT'S FULL NAME (PLEASE PRINT)	DATE OF BIRTH	
SOCIAL SECURITY OR BANNER ID NUMBER	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HOME ADDRESS	STATE	ZIP
LOCAL ADDRESS	STATE	ZIP
HOME TELEPHONE	LOCAL TELEPHONE	
E-MAIL ADDRESS		

B. RELEASE OF INFORMATION AUTHORIZATION

I authorize the Office of Academic Affairs / CTL to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the Office of Academic Affairs / CTL.

NAME OF PROVIDER	PROVIDER TELEPHONE	
ADDRESS	STATE	ZIP
STUDENT SIGNATURE	DATE	

2. Provider Section – ADD / ADHD Verification

Rowan University School of Osteopathic Medicine provides accommodations and support services to students with diagnosed disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA, 1990) and section 504 of the Rehabilitation Act (1979). * To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing psychiatrist, psychologist or physician (the provider completing this form cannot be a relative of the student). Specific information concerning the student's condition and its impact on learning must be provided. Items 1-8 must be complete in full. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

A. PROVIDER QUESTIONNAIRE

Please respond to the following items regarding the student named above: (Please type or print)

1. What is the student's DSM IV diagnosis?

a. How was this diagnosis arrived at? Please check and briefly discuss all relevant items below.

Interview with student:

Interview with other person:

Behavioral observations:

Developmental history:

Medical history:

Educational history:

Psycho-educational testing:

Other (please specify)

* ADA and sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.

b State the student’s current symptoms that meet the criteria for this diagnosis.

c. State the age of onset of symptoms described by DSM IV.

d. What is the severity of the condition?

e. State the frequency of your appointments with this student and the date of your last contact.

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.

3. List and describe the measures/instruments used to support the student’s attentional difficulties. (Attach diagnostic report including scores). It is necessary that psychometric testing be utilized to demonstrate attentional disorders. Assessments should include evidence of ADHD from several tests rather than just one test. Examples of measures are: continuous performance tests, The Stroop Test, Visual Search and Attention Test or other cancellation tasks, Paced Auditory Serial Attention Test, Attentional Capacity Test, Working Memory Index (WAIS), Sentence Repetition, Symbol Digits Modalities Test, etc.

4. Describe the symptoms related to the student’s condition that causes significant impairment in a major life activity.

5. What symptoms cause impairment in two or more settings (e.g., work, home, school)?

6. List the student’s current medication(s), dosages, frequency, and adverse side effects.

* ADA and sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.

7. Please check off (and provide specific information if necessary) about the academic limitations and severity of symptoms this student's encounters:

ACTIVITY	NO LIMITATION	MODERATE LIMITATION	SUBSTANTIAL LIMITATION	DON'T KNOW
Attention to detail / accuracy of work				
Sustaining attention				
Listening comprehension				
Completing tasks independently				
Sustained mental effort				
Organization				
Distractibility				
Memory				
Restlessness				
Impulsiveness				
Time Management				
Mathematics				
Reading				
Writing				
Other (please specify)				

8. Does the student have a disability* as a result of his/her condition? Yes_____ No_____ (Check "yes" if the student's condition requires accommodations.)

* ADA and sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.

9. If yes, please state specific recommendations regarding accommodations for this student and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary.

10. If treatments (e.g., medications) are successful, why are the above accommodations necessary?

B. PROVIDER CONTACT INFORMATION

<hr/>		
PROVIDER NAME AND TITLE		
<hr/>		<hr/>
PROVIDER SIGNATURE		DATE
<hr/>		<hr/>
PROVIDER LICENSE NUMBER		ISSUING STATE
<hr/>		<hr/>
PROVIDER ADDRESS	STATE	ZIP CODE
<hr/>		<hr/>
PROVIDER TELEPHONE	PROVIDER FAX NUMBER	

Request for Accommodations in OMM Courses

Active participation in Osteopathic Manipulative Medicine (OMM) Laboratories and Clinical Care Encounters is an admission, matriculation and graduation requirement. During Osteopathic Manipulative Medicine laboratory and clinical care encounters, it is imperative to the educational process that each body region being examined and/or treated will need to be exposed for observation, palpation and treatment. The examination and treatment must be conducted in a respectful and professional manner.

The development of palpatory skills is required in osteopathic medical schools for diagnosis and treatment. Palpation in the osteopathic educational context is the use of touch to examine the body. Palpatory skills are used in all areas of osteopathic medical practice and are particularly important in the evaluation and treatment of the musculoskeletal system.

The development of these skills and the ability to perform osteopathic treatments are initiated in the first- and second-year OMM labs. This learning requires active participation in all laboratory sessions where **students will palpate and experience palpation by their peers and instructors of both genders to enhance the development of their own palpatory skills. Each student will palpate a variety of people with different body types to simulate the diversity of patients expected in a practice setting. Each student is required to actively participate in all skill development sessions.**

To request an exemption from a certain OMM technique, medical documentation must be provided by a DO (preferably an OMM board-certified physician) who can attest to the students' limitations and who can indicate which techniques may be contradicted for their specific condition. The treating physician should providing additional documentation, along with indicating on the lists below the technique(s) from which the student should be exempted:

_____ (please print student's name) cannot have the following OMM techniques performed **ON THEM** by a fellow medical student. (Please check all that apply):

- Muscle Energy to Head (including OA)
- Muscle Energy to Cervical spine
- Muscle Energy to Thoracic spine
- Muscle Energy to Lumbar spine
- Muscle Energy to Sacrum
- Muscle Energy to Pelvis
- Muscle Energy to Lower Extremity (specify which one)
- Muscle Energy to Upper Extremity (specify which one)
- Muscle Energy to Ribs

Request for Accommodations in OMM Courses - Continued

- HVLA to Head (including OA)
- HVLA to Cervical spine
- HVLA to Thoracic spine
- HVLA to Lumbar spine
- HVLA to Pelvis
- HVLA to Lower Extremity (specify which one)
- HVLA to Upper Extremity (specify which one)
- HVLA to Ribs

- Myofascial Release to Head (including OA)
- Myofascial Release to Cervical spine
- Myofascial Release to Thoracic spine
- Myofascial Release to Lumbar spine

- Soft Tissue to Head (including OA)
- Soft Tissue to Cervical spine
- Soft Tissue to Thoracic spine
- Soft Tissue to Lumbar spine

- Counterstrain to Head (including OA)
- Counterstrain to Cervical spine
- Counterstrain to Thoracic spine
- Counterstrain to Lumbar spine
- Counterstrain to Pelvis
- Counterstrain to Lower Extremity (specify which one)
- Counterstrain to Upper Extremity (specify which one)
- Counterstrain to Ribs

- Other accommodation not mentioned above: _____

Diagnosis / Reason for the above exemption: _____

Request for Accommodations in OMM Courses - Continued

_____ (please print student's name) cannot **PERFORM** the following OMM techniques (please check all that apply):

- Muscle Energy to Head (including OA)
- Muscle Energy to Cervical spine
- Muscle Energy to Thoracic spine
- Muscle Energy to Lumbar spine
- Muscle Energy to Sacrum
- Muscle Energy to Pelvis
- Muscle Energy to Lower Extremity (specify which one)
- Muscle Energy to Upper Extremity (specify which one)
- Muscle Energy to Ribs

- HVLA to Head (including OA)
- HVLA to Cervical spine
- HVLA to Thoracic spine
- HVLA to Lumbar spine
- HVLA to Pelvis
- HVLA to Lower Extremity (specify which one)
- HVLA to Upper Extremity (specify which one)
- HVLA to Ribs

- Myofascial Release to Head (including OA)
- Myofascial Release to Cervical spine
- Myofascial Release to Thoracic spine
- Myofascial Release to Lumbar spine

- Soft Tissue to Head (including OA)
- Soft Tissue to Cervical spine
- Soft Tissue to Thoracic spine
- Soft Tissue to Lumbar spine

- Counterstrain to Head (including OA)
- Counterstrain to Cervical spine
- Counterstrain to Thoracic spine
- Counterstrain to Lumbar spine
- Counterstrain to Pelvis
- Counterstrain to Lower Extremity (specify which one)
- Counterstrain to Upper Extremity (specify which one)
- Counterstrain to Ribs

- Other accommodation not mentioned above: _____

Diagnosis / Reason for the above exemption: _____

Physician's printed name: _____

Physician's signature: _____

Physician's medical specialty: _____

Does the treating physician have OMM Board Certification?

- Yes
- No

Please mail, email or fax to SOM Academic Affairs Office this document signed by the physician, along with documentation of how the diagnosis was determined.

One Medical Center Drive
Academic Center, Suite 210
Stratford, NJ 08084

Fax to: 856-566-6341
Email: giacobja@rowan.edu