



## *Academic & Instructional Services*

PHONE (419) 586-0326  
FAX (419) 586-0358

### ***CERTIFICATION OF PSYCHOLOGICAL DISABILITY***

Academic and Instructional Services at Wright State University - Lake Campus offers programs and related services that provide equal access to the university's educational opportunities for students with disabilities.

Students requesting accommodations on the basis of mental health disabilities must provide current documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of mental disorders (i.e., licensed clinical psychologist, psychiatrist, or licensed clinical social worker). *Please note that this office will not accept documentation provided by a member of the student's family.*

#### **To Be Completed By the Applicant**

*Please print or type.*

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_

#### **To Be Completed By the Certifying Professional**

*Please print or type.*

**CERTIFYING PROFESSIONAL:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**OFFICE/AGENCY:** \_\_\_\_\_

**OFFICE/AGENCY ADDRESS:** \_\_\_\_\_

**OFFICE/AGENCY PHONE:** (\_\_\_\_) \_\_\_\_\_

*Please review and complete the remainder of this form.*

1. State the applicant's current diagnosis as per the Diagnostic and Statistical Manual-IV (DSM-IV-TR):

---

---

---

---

---

2. Indicate the nature, frequency, and severity of the symptoms upon which the diagnosis was based. Primary and secondary Axis I and Axis II diagnoses are required. Please note that a diagnosis without explicit listing of current symptoms is not sufficient.

---

---

---

---

---

---

---

3. How long have you treated this applicant? \_\_\_\_\_

Are you providing ONLY psychological treatment?	YES	NO
Are you providing ONLY medical treatment?	YES	NO
Are you providing psychological and medical treatment?	YES	NO

Please list the prescribed medications and dosages, if applicable:

---

---

---

---

---

4. Indicate how the current behaviors, medications, and the presenting symptoms may negatively impact the applicant's academic functioning:

---

---

---

---

---

5. Based on the rendered diagnosis, suggest how the specific effects of the disability may be reasonably accommodated and how the effects of this disability are mediated by the recommended accommodations:

---

---

---

---

6. Please attach a clinical summary or a psychological evaluation, if available.

*For more information on Psychiatric Disability documentation criteria, please refer to [www.ets.org](http://www.ets.org) under Resources for Test Takers with Disabilities.*

*Please return this form with the supporting documentation to:*

**ACADEMIC & INSTRUCTIONAL SERVICES  
Wright State University - Lake Campus  
7600 Lake Campus Drive  
Celina, Ohio 45822**

*or FAX to Dr. John R. Wolfe at (419) 586-0358*