



Office of Disability Services  
180 University Hall  
Wright State University  
Dayton, OH 45435  
(937) 775-5680  
TTY (937) 775-5844  
FAX (937) 775-5699

## Documentation of Attention Deficit/Hyperactivity Disorder

The Office of Disability Services at Wright State University offers programs and related services that provide equal access to the university's educational opportunities for students with disabilities. As a post-secondary institution, Wright State follows the Association on Higher Education and Disability (AHEAD) standards for documenting disabilities.

Students requesting accommodations on the basis of Attention-Deficit/Hyperactivity Disorder (ADHD) must provide current and comprehensive 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, neuropsychologist, psychiatrist, or other relevantly trained specialist). Please note that **the Office of Disability Services will NOT accept documentation completed by a member of the student's family.**

Licensed professionals may submit a letter in place of this form if it fulfills all required information listed on this form. Letters must be submitted on professional letterhead, signed, dated, and include the professional's license number.

### To be completed by the STUDENT (Please PRINT)

**Date:** \_\_\_\_\_  
**Student Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_

### To be completed by the certifying PROFESSIONAL (Please PRINT)

**Certifying Professional Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_  
**Office/Agency Name:** \_\_\_\_\_  
**Office/Agency Address:** \_\_\_\_\_  
**Office/Agency Phone:** (\_\_\_\_) \_\_\_\_\_

1. State the student's diagnosis(es) as per the most recent Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD).

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- Indicate the date when evaluation was completed:

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- Indicate the date of the last appointment: \_\_\_\_\_

2. What type(s) of academic accommodation(s) may benefit this student?

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3. Please attach a clinical summary or a psychoeducational evaluation that supports the rendered diagnosis(es). These materials must include:

- evidence of early impairment,
- a diagnostic interview,
- assessment tools and test data that support the ADHD diagnosis and the date when the last evaluation was conducted,
- description of the extent to which the symptoms of the diagnosis(es) would affect the student's academic performance.

If applicable, please include a list any adverse side effects of current medications that may affect the student's academic performance.

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Signature of Certifying Professional                      License #                      Date

**Please return this form with the supporting documentation to:**  
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3640 Colonel Glenn Hwy.  
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FAX (937) 775-5699