



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 Physical Disability

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.

Documentation of a disability is necessary to qualify for these services and programs. Applicants are required to provide certification of their disability(ies) from a health or rehabilitation professional. 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 requested information listed on this form. Letters must be submitted on the professional's 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:** (\_\_\_\_) \_\_\_\_\_  
**Disability(ies):** \_\_\_\_\_  
*List primary & secondary disabilities*  
*and attach supporting documentation*

1. If temporary, please indicate the expected duration of the disability(ies).

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2. List the functional limitations of the diagnosed disability(ies).

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3. What impact will this student's disability(ies) have on his/her academic performance (i.e., taking notes in class, taking exams, reading regular print, reading comprehension, working in a laboratory, writing, using a keyboard, etc.)?

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4. List services necessary for the applicant to live independently in campus housing (i.e., personal assistance, mobility equipment, mobility training, parental supervision, etc.)

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5. Please include a copy of any assessment/report relevant to the student's disability (e.g., audiogram, visual acuity, etc.).

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Signature of Certifying Professional

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License #

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Date

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

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180 University Hall  
Wright State University  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435  
FAX (937) 775-5699