



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).

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

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.)?

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

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

Signature of Certifying Professional

License #

Date

Please return this form with supporting documentation to:

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