WRIGHT STATE
UNIVERSITY

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 Psychological 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.

Students requesting accommodations on the basis of psychological disability 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, licensed clinical social worker, or any 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 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: (_____)_____

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

_____

_____

_____

2. Indicate the nature, frequency, and severity of the symptoms upon which the diagnosis(es) was based. Please note that a diagnosis without explicit listing of current symptoms is not sufficient.

_____

_____

_____

_____

_____

_____

3. How long have you treated this student? _____

- Are you providing **ONLY** psychological treatment? ☐ Yes ☐ No
  If YES, include the date of the last appointment: _____
- Are you providing **ONLY** medical treatment? ☐ Yes ☐ No
  If YES, include the date of the last appointment: _____
- Are you providing psychological **AND** medical treatment? ☐ Yes ☐ No
  If YES, include the date of the last appointment: _____

4. Indicate how the current behaviors, medication, and the presenting symptoms may affect the student's academic performance.

_____

_____

_____

_____

5. In your opinion, what types of academic accommodations my benefit this student?

_____

_____

_____

_____

6. If available, please attach a clinical summary or a psychological evaluation that supports the diagnosis(es).

Signature of Certifying Professional	License #	Date

Please return this form with the supporting documentation to:

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