

WICHITA STATE UNIVERSITY

Office of Disability Services

Documentation of Psychological Disabilities

(To be completed by a qualified professional.)

Date:

Student Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____

Student signature to release requested information: _____

The above student has requested that you complete the following information to verify their disability. To ensure the provision of reasonable and appropriate services for students with psychological disabilities, students needing such services are required to provide current and comprehensive documentation of their disability. We ask that you complete the following sections or provide a written report that addresses all the areas listed below. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or service, academic adjustment, or other accommodation is appreciated.

Date of Diagnosis _____

Diagnosis (DSM criteria) _____

Process used to determine diagnosis.

Diagnostic Interview Summary

Level of Severity (circle one) Mild Moderate Severe

Measures used to assess the following if applicable.

Aptitude

Achievement

Information Processing

Social/Emotional

Provide a summary of the student's educational, medical, and family history that may relate to psychological disability.

QUALIFIED PROFESSIONAL'S SIGNATURE _____

PRINTED NAME AND TITLE _____

ADDRESS: _____

DAYTIME TELEPHONE: (____) _____

Return this form to

Wichita State University
Director, Disability Services
1845 Fairmount
Wichita, KS 67260-0132