

# 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.

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Diagnostic Interview Summary

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Level of Severity (circle one)    Mild    Moderate    Severe

Measures used to assess the following if applicable.

Aptitude

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Achievement

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Information Processing

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Social/Emotional

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

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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