## (To be completed by a qualified professional.)

Date:				
Student Name:				
Home Address:	<u></u>	State	7: 0.1	
Talambana. (	City	State	Zip Code	
Student signature t	to rologge requested	information:	•	
Student signature t	to release requested	IIIIOIIIIauoii.		
The above student	has requested that	you complete the followin	g information to verify their d	isability.
	1	. 1		,

Leve	of Severity	(circle one)	Mild	Moderate	Severe		
Meas	sures used to	assess the follo	wing if ap	plicable.			
	Aptitude						
	Achievemen	t					
	Information	Processing					
Social – Emotional							
Provide a summary of the student's educational, medical, and family history that may relate to Learning / ADHD disability.							
QUA	ALIFIED PRO	OFESSIONAL	'S SIGNA	ATURE			
PRIN ADE	NTED NAMI DRESS:	E AND TITLE					
DAY	TIME TELE	EPHONE: (	)		-		
Retu	rn this form		Wichita S	tate University			
		т		tate University			

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