



Center for Academic Support Services  
One Morgan Place  
Yellow Springs, OH 45387  
(937) 319-0093  
eharvey@antiochcollege.org

### CERTIFICATION OF PHYSICAL DISABILITY

The Center for Academic Support Services (CASS) at Antioch College offers programs and related services that provide equal access to the College's educational opportunities for students with disabilities. As a post-secondary institution, Antioch College 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 Academic Support 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 |                |
|--------------------------------|----------------|
| Date:                          | _____          |
| Student Name:                  | _____          |
| Address:                       | _____<br>_____ |
| Phone:                         | (_____) _____  |

### TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL

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).

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

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3. What impact will this applicant's disability(ies) have on the student's academic performance (i.e. taking notes in class, taking exams, reading regular print, reading comprehension, working in a laboratory, writing, using a keyboard, etc.)?

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

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

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Signature of Certifying Professional

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License #

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Date

**PLEASE RETURN THIS FORM TO:**

Center for Academic Support Services

Antioch College

One Morgan Place

Yellow Springs, OH 45387

Or EMAIL to [eharvey@antiochcollege.org](mailto:eharvey@antiochcollege.org)