Accessibility,
Counselling and
Student Development

Medical Documentation for Accessibility Services

Accessibility, Counselling and Student Development

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Purpose of this form

Accessibility Services requires documentation from a licensed health care professional, who is qualified to communicate a diagnosis, and has in-depth knowledge of a student's condition, in order to arrange academic accommodation and/or related services. Documentation should be as complete as possible in order to facilitate Accessibility Services' assessment of a student's request for services.

To be completed by student:

Student Name: ___________________________ **Date of Birth: _____/_____/_____**
(Month/Day/Year)

Student Number: _________________________

I authorize the professional named below to disclose to Accessibility Services information on this form and additional or clarifying information that is necessary for provision of disability services at King's University College. I also authorize Accessibility Services to communicate with this professional in order to obtain information that is relevant to provision of Accessibility Services.

Date: ________________________ **Student Signature: _____________________________**

Student's informed authorization for disclosure of information is obtained in accordance with the following sections of the *Freedom of Information and Protection of Privacy Act.* Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the *use* of personal information and sections 42.(1)(b), s.42(1)(c), and s.42(1)(d) allowing for the *disclosure* of personal information.

To be completed by licensed health care professional:

Name (please print)**:** ____________________________________

Registration Number: ____________________________________

Address of Professional:
____
____

Telephone #: ________________________

Fax #: ______________________________

Profession:
☐ Family Physician ☐ Other ______________________________

Signature: ____

Date: __________________________________

Diagnostic Statement (**requested, but not required)

Please provide a clear diagnostic statement or indicate that the student's difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions. Failure to provide a diagnosis does not preclude the student from receiving supports. Please complete the remainder of the form, even if a diagnosis is not stated.

Diagnosis (es)

____

____

____

____

Date of the condition's onset: ____

Date of last clinical assessment: ____

How long have you been treating this student? ____

Has the student undergone a psychological, neuropsychological, or psycho-educational assessment?

☐ Yes ☐ No

Has the student completed any standardized or non-standardized rating scales? ☐ Yes ☐ No

If yes, please specify the scales used:

____

Statement of Permanent Disability

The designation of permanent disability has legal implications and is used in determining a student's eligibility for Government grants and loans. Please refer to the following definition of permanent disability when answering the question below it.

Permanent disability is defined as: *a* ***functional limitation*** *due to a disorder that restricts a person's ability to perform daily activities necessary to participate in post-secondary studies and is expected to remain with the person for the person's expected life.*
In your professional opinion, does the student's condition meet the criteria for a permanent disability as defined above?

☐ **Yes** ☐ **No**

Please check the appropriate description(s) as they apply to this student's condition. (Check all that apply)

☐ Not a disabling condition in the current academic setting.

☐ Temporary disability: anticipated duration from ___________________ to _____________________.

☐ Permanent disability with ongoing chronic symptoms.

☐ Permanent disability with episodic symptoms. Is the student currently experiencing symptoms? ______

☐ Updated documentation regarding disability status should be reassessed every ___________________ because of the changing nature of the illness.

☐ This student is in stable condition and able to cope with typical academic stressors.

Is the student taking medication that has side effects that may affect them negatively in an academic setting? Please describe:

____

____

When is the student's condition likely to have a negative effect on their academic functioning? (Check all that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ N/A

If possible, please estimate how often the effects of the student's disability may necessitate his or her absence from classes: ☐ < 1 day per month ☐ 2 – 5 days per month ☐ >5 days per month

Will you be monitoring this student on a regular basis while he/she is attending university? ☐ Yes ☐ No

Functional Implications

Please check abilities and activities that are affected by the student's ***current symptoms***.

Abilities & Activities	**No Impact**	**Mild Impact**	**Moderate Impact**	**Severe Impact**	**Don't Know**
To what degree does the disability directly affect the following physical and sensory capacities?					
Hearing/Listening					
Vision					
Reading					
Mobility					
Dexterity					
Handwriting					
Typing					
Note taking					
To what degree does the disability directly affect the following cognitive abilities?					
Working memory					
Long-term memory					
Cognitive fatigue					
Speed of information processing					
Executive Functioning • Organizing • Time management • Problem solving					
Concentration • Manage distractions • Attention					
Communication • Oral presentations • Class participation					
To what degree is the disability associated with any of the following symptoms?					
Pain					
Fatigue					
Activities of Daily Living					
Environmental Concerns • Space/Location • Lighting					

Does the disability affect the student's tolerance for:

☐ Sitting for less than 50 minutes

☐ Sitting for more than 50 minutes

☐ Standing for more than 15 minutes

☐ Walking (cannot walk more than ______ meters at a time)

☐ Utilizing stairs

☐ Lifting/Carrying

Are there any other functional limitations that may be impacted by the student's disability?

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In light of these functional limitations, is it your opinion that the student will be able to meet the demands of a full course load, or would you recommend that they take a reduced course load?

☐ Full Course Load (i.e. 5 courses)

☐ Reduced Course Load

Additional Information:

Thank you for taking the time to complete this form. Feel free to include additional information, on your official letterhead, including copies of other applicable reports.