

Laurentian Accessibility Services / Documentation Form

TO BE COMPLETED BY THE STUDENT PRIOR TO ASKING A REGULATED HEALTH CARE PROFESSIONAL TO COMPLETE THE FORM.

STUDENT INFORMATION

Student's Name: _____ **Student Number:** _____

I will / will not be required to complete fieldwork (placements) as part of my program.

Type of fieldwork: _____

This form is designed to provide Laurentian University (LU) Accessibility Services with confirmation that you have a disability and with information on how your disability will impact you while studying at Laurentian University. NOTE: Students with a learning disability will need to submit a recent psychoeducational assessment (last 4 years).

Consistent with the Ontario Human Rights Code, the mandate of Accessibility Services is to support students with academic accommodations to provide equal access to learning opportunities. The information provided by your health care professional will help to determine what accommodations you will need while you are studying at Laurentian University. The regulated health care professional who completes this form will be asked to use their assessment and detailed knowledge of you to describe the functional impact of your disability. Please bring this form to a health care professional who knows you well.

CONSENT TO DISCLOSURE OF DIAGNOSIS

Disclosing a diagnosis is a choice and is **not** required to receive accommodations from LU Accessibility Services. A student's disclosure or non-disclosure of their diagnosis (es) has no impact on the level of service and/or support that they may receive through the Accessibility Services.

Please check one:

I do not consent to the disclosure of my diagnosis (es) to LU Accessibility Services

I consent to the disclosure of my diagnosis (es) to LU Accessibility Services

CONSENT TO RELEASE INFORMATION

Confidentiality: collection, use and disclosure of this information is subject to all applicable privacy legislation (Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Protection Act (PHIPA). The information in this document is strictly confidential and will not be shared with anyone outside of LU Accessibility Services without your explicit written consent.

I, _____ (print name) authorize my health care professional to provide information outlined in this form to the LU Accessibility Services.

Student's Signature: _____ Date (MM/DD/YYYY): ____/____/____

Accessibility Services / Documentation Form

TO BE COMPLETED BY THE REGULATED HEALTH CARE PROFESSIONAL

This student is requesting disability-related academic accommodations and supports while studying at Laurentian University. The Laurentian University (LU) Accessibility Services is seeking the following information:

1. Confirmation and verification that the student has a disability
2. Confirmation of functional limitations the student experiences directly related to their disability or health condition

We are accountable under the *Ontario Human Rights Code* to provide appropriate academic accommodations to students with disabilities. Academic accommodations are intended to level the playing field for students with disabilities while maintaining academic integrity. In order for the Accessibility Services to consider the request, the student is required to provide the University with documentation which is completed by a regulated health care professional who can determine the presence of a disability within their scope of practice.

Note: A diagnosis alone does not automatically mean disability-related academic accommodation is required. The provision of all appropriate academic accommodations and supports is assessed based on the impact of the disability on academic performance during the period for which the accommodation is being requested. We rely on your assessment and detailed knowledge of this student and their disability to provide us with a description of the current **functional limitations** that impact the student in the academic context. The information you provide, along with the information provided by the student, will be used by LU Accessibility Services to design an individualized accommodation plan.

For psychologists or psychological associates completing this form for a student with a **learning disability**, please attach a recent psychoeducational report (last 4 years).

Disclosing a diagnosis is not required to access accommodations from LU Accessibility Services. **You are asked to only provide a diagnosis with the student's consent on page one of this form.** Any information provided on this form will be kept strictly confidential and will not be shared with anyone outside of Accessibility Services without the student's written consent.

Please use the form that follows to identify the functional limitations that impact the student in the academic context.

If you have any questions regarding this documentation form, academic accommodations and supports at the post-secondary level or the services provided by our office, please feel free to contact us via telephone at 705-675-1151 extension 3324 or email at AccessibilityServicesInfo@laurentian.ca

Thank you for completing this Documentation form.

Disability Information

The following criterion **must be met**: The student experiences functional limitations due to a disability or diagnosed health condition that impairs the student’s academic functioning while pursuing post-secondary studies.

Select one or more options as applicable:

- Only If the **student has consented to the disclosure of their diagnosis (es)** on page 1 (one) of this Documentation form, please provide the current diagnosis (es)

- If the **student has not consented to the disclosure of their diagnosis (es)** on page 1 (one) of this Documentation form:
 - I confirm that a disability is present and this student requires academic accommodations and/or supports.
- I confirm I am in the **process of assessing the student to determine the presence of a disability (ies)**.
 - The assessment will likely be completed by (MM/DD/YYYY) _____.

Duration of Disability

The designation of permanent disability has legal implications and is used in determining a student’s eligibility for government programs.

Duration	Accommodations recommended until (MM-DD-YYYY):
<input type="checkbox"/> Permanent disability	n/a
<input type="checkbox"/> Ongoing disability (chronic or episodic symptoms.) with unknown duration	
<input type="checkbox"/> Temporary disability	
<input type="checkbox"/> Diagnosis unconfirmed – needs further assessment	

Functional Limitations

Using the following scale, please check all functional limitations caused by the disability and that impact the student in a post-secondary environment.

COGNITIVE <input type="checkbox"/> Not applicable	No Impact	Mild	Moderate	Severe	Cannot Assess
Memory – Short term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory – Long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working memory (hold and manipulate information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain focus on academic tasks in a setting with auditory distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain focus on academic tasks in a setting with visual distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention (e.g., lectures or exams) for up to 3 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take notes during lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize, sequence and prioritize academic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete academic task within a given time (e.g., in class assignment or timed evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

COMMUNICATION <input type="checkbox"/> Not applicable	No Impact	Mild	Moderate	Severe	Cannot Assess
Organize and communicate ideas in written form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize and communicate ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present orally to a group or class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in large class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in small group or lab activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SOCIAL/EMOTIONAL **Not applicable****No Impact****Mild****Moderate****Severe****Cannot Assess**

Effectively read social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional regulation (e.g., while interacting with others in class, accepting constructive feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in group work (e.g., assignments, lab activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in classroom settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PHYSICAL **Not applicable****No Impact****Mild****Moderate****Severe****Cannot Assess**

Mobility (e.g., walk to , from and between classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills e.g., manipulate fine objects like test tube in lab setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor skills (e.g. lift, carry, bend,,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwrite for up to 3 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit for up to 3 hours (class, exam, lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand up for up to 3 hours (lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

OTHER **Not applicable****No Impact****Mild****Moderate****Severe****Cannot Assess**

	Please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

Thank you for taking the time to complete this form. The information provided will assist LU Accessibility Services to determine the appropriate academic accommodations for your patient while attending LU.

CERTIFICATION OF REGULATED HEALTH CARE PROFESSIONAL

Practitioners name (print):

Phone:

Fax:

Registration /License Number:

OFFICE STAMP:

NOTE: if you do not have an office stamp, please sign and attach your letterhead

- Physician – Family
- Physician – Specialty:

- Psychologist /Psychological Associate
- Other Regulated Health Care Professional:

Other pertinent information related to the student’s disability and functioning in the academic context:

Health Care Provider’s Signature: _____ Date: _____

Note: This document is inspired by *Recommendations for Documentation Standards and Guidelines for Academic Accommodations for Post-Secondary Students in Ontario with Mental Health Disabilities*. Queen’s University and St. Lawrence College Partnership Project, Kingston, ON. Condra, M. & Condra E, M. (2015) and similar documents from Queen’s University and OCADU.