Functional Assessment

Accessibility Services, Student Wellness

In order to receive academic accommodations for disability-related reasons, a functional assessment is required that describes the impact of the student's disability. Disclosure of a diagnosis is optional, but not required. For learning disabilities, a copy of a complete psychoeducational assessment report is needed instead of this form.

When a diagnosis is included, it will be used to help the student with strategies for overcoming difficulties that are specific to their circumstances, and to assist with accessing community resources. A diagnosis is a useful tool for understanding the scope of an individual's experience. It is always our intention to use it in ways that help reduce stigma or bias. Note the student's consent is required (initials) on page 2 when disclosing a specific diagnosis.

Some financial assistance in the form of bursaries, grants and scholarships that are earmarked for students with disabilities may require a diagnosis in order to establish eligibility.

Confidentiality of personal information will be protected and will not be available to anyone outside of Student Accessibility Services without the student's consent, in keeping with our policies.

Student Information

Name (Please Print) | *UofG Student Number*

Date of Birth (month, day, year) | *Telephone Number*

I consent for the health professional named here to share information concerning myself with Accessibility Services in the department of Student Wellness at the University of Guelph. I understand that this confidential information will be used to help plan accommodations and support my learning needs while at university.

Student Signature | *Date*

Health Professional with Authority to Make a Relevant Diagnosis

Name (Please print) | *Professional Designation(s)*

Registration Number | *Date*

The information provided here represents my clinical assessment of the student - they have a medical condition that is disabling and it is not a short-term common illness such as the flu or a routine experience such as stress.

Office Stamp (Address, Phone Number)

Signature

Overview of Medical Condition

Student's consent to disclose diagnosis	(Initials)

Diagnosis: _____

Date of onset: _____

Period of time for which this information is considered accurate: _____

Time of day when normal functioning is commonly affected: _____

○ Yes ○ No ○ Unknown Is this a long-term condition that will persist for the duration of the student's current degree program?

○ Yes ○ No ○ Unknown Does this student experience a permanent disability, which is defined as a functional limitation:

- Caused by a physical or mental impairment that restricts the individual's ability to perform the daily activities necessary to participate in studies at a postsecondary level or in the labour force; and
- That is expected to remain with them for their expected life.

General Type of Disability

- ○ Acquired Brain Injury
- ○ ADHD Symptoms
- ○ ADHD Confirmed with corroborating evidence from childhood
- ○ Medical Condition or Chronic Illness
- ○ Mental Health
- ○ Hearing
- ○ Injury or recovery from surgery
- ○ Mobility or Dexterity
- ○ Vision
- ○ Other (Please specify)

Note: this form cannot be used for learning disabilities as a psychoeducational assessment report is required. Would you recommend a referral for an assessment? ○ Yes ○ No

Notable Impacts

	None	Mild	Moderate	Severe	Unknown
Physically navigating environment	○	○	○	○	○
Energy level or fatigue	○	○	○	○	○
Pain	○	○	○	○	○
Tolerating stress	○	○	○	○	○
Focus/concentration	○	○	○	○	○
Recalling info. after a few moments	○	○	○	○	○
Recalling info. after an extended period of time	○	○	○	○	○

Areas of Concern

- ○ Substance use
- ○ Self-harm or thoughts of suicide
- ○ Dissociation or flashbacks
- ○ Paranoid thoughts or hallucinations
- ○ Sensitivity to light or sound
- ○ Frequent or sudden need of a washroom
- ○ Requires specific breaks
- ○ Frequent absences
- ○ Prolonged Absences

Professional's Initials

Changes in Functioning

- ○ Significant fluctuations are expected
- ○ Fluctuations will be difficult to predict
- ○ Relative stability is expected

Other Information

- ○ Significant allergies or environmental sensitivities
- ○ Student may require a safety plan for emergencies
- ○ Risk of experiencing medical distress
- ○ Capacity to cope with heavy workload is a concern

Triggering Situations

Comments

Impact on Abilities

If a specific ***diagnosis is not provided*** on this form, please describe the impact of the condition on the student's functioning in each of the following areas (including severity of impact).

Note: this information is used to determine which types of supports and accommodations are relevant in various learning contexts to allow for better tailoring of the supports to the student's needs.

1. Cognitive functioning (e.g. organizing, information processing, decision-making, etc.):
2. Social interactions:
3. Daily activities:
4. Emotional functioning:

Professional's Initials

Additional Resources

Accessibility Services, Student Wellness

wellness.uoguelph.ca/accessibility

- Privacy and confidentiality statement
- Procedures relating to academic accommodations
- University of Guelph Policy on Academic Accommodations for Students with Disabilities

Ontario Human Rights Commission

www.ohrc.on.ca

- Information about Human Rights in Ontario, including with regards to disabilities
- Policy statements on how disabilities are to be accommodated
- Links to the Ontario Human Rights Code and the Tribunal

Contact Information

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