

Dear Regulated Health Professional,

This form is used by Student Accessibility Services (SAS) at the University of Guelph to validate that a student experiences a disability under the *Ontario Human Rights Code*, and to gather information about related functional abilities.

Why is this information needed?

Disabilities must be related to a clinically significant physical, psychological or emotional condition. For example, experiencing stress or feeling anxious is not necessarily a disability. On the other hand, *generalized anxiety disorder* often does have a disabling effect. We rely on professionals such as yourself to confirm that the limitations reported by the student are aligned with a diagnosis or treatable condition. Note that the specific diagnosis does not necessarily have to be disclosed.

Who should complete this form?

This form may be completed by a regulated health professional who is operating within their scope of practice in the identification and/or treatment of a relevant health condition or disability. Examples include physicians, psychologists, nurse practitioners, physiotherapists, occupational therapists, registered psychotherapists, or social workers.

Risks

The information provided in the Functional Assessment is used to create equity by removing unfair barriers on the basis of disability (a protected human rights status). Inaccurate information may give the student an unfair academic advantage, access to financial aid that is not warranted, consume resources that limit our ability to help other students, and jeopardizes the integrity of their university degree.

Interim Supports

If you are meeting the student for the first time, it may be reasonable to defer completing this form until there has been sufficient opportunity to complete a proper assessment/diagnosis and possibly develop a treatment plan. SAS can provide interim support while this process is underway.

Alternative Explanations

From time to time a student will seek out a diagnosis for a mental health concern or cognitive impairment that does not meet any diagnostic criteria. Please do not complete this form in such cases. We can advise the student on how to access consideration on compassionate grounds as appropriate.



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. While **ADHD and ASD** might be diagnosed by a variety of health professionals, the assessment measures used by psychologists usually give us the most helpful and comprehensive information about how these conditions affect students in our academic setting. At minimum, we require a “certificate of disability” for ADHD and ASD as found in the documentation guidelines on our website: uoguelph.ca/sas. Please do not use this form for these disabilities.

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 and is used by us to help reduce stigma.

Confidentiality of personal information will be protected in accordance with our policies and relevant legislation. SAS does not share background information about a student’s disability with faculty or academic staff without the student’s permission.

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 expertise relevant to the disability

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 address and phone number:

Signature

General Type of Disability

- Acquired Brain Injury
- Medical Condition or Chronic Illness
- Mental Health (new or emerging)
- Mental Health (long-standing or chronic)
- Communication Disorder (e.g. speech, apraxia, etc.)
- Deaf or Hard of Hearing
- Injury or Recovery from Surgery
- Mobility or Dexterity
- Low Vision or Blind
- Other (Please specify):

Please Note: for a **specific learning disorder**, we require a psychoeducational assessment. For **ADHD or autism**, we require either a psychological assessment report, or a certificate of disability as found in the documentation guidelines on our website uoguelph.ca/sas.

Clinical Assessment

Diagnosis

Date of Onset

_____	_____
_____	_____
_____	_____
_____	_____

Student's consent to
disclose diagnosis
(initials)

Is this a long-term condition that will persist for the duration of the student's current degree program (i.e. at least 4 or 5 years)? Yes No Unknown

Would you recommend to the student that they consider a referral to a psychologist for further assessment (e.g. LD, ADHD, ASD)? Note that depending on circumstances, there could be a cost to the student; SAS can explore funding options with them. Yes No

To what extent was this information based on the following sources of information?

	Primary Source	Limited Source	Not Used
This student's self-report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized assessment techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from parents, teachers, etc.,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths or Helpful Strategies for Managing Symptoms

Professional's Initials

Notable Impacts

How is this student likely to be affected in a university learning environment? To the extent possible, please use post-secondary students as the point of reference.

	None	Mild	Moderate	Severe	Unknown
Physically navigating environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy level or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerating stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus/concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compromised immune system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to spend time looking at a computer screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Areas of Concern

- Substance use
- Self-harm
- Thoughts of suicide
- Dissociation or flashbacks
- Paranoid thoughts or hallucinations
- Sensitivity to light or sound
- Frequent/sudden need for washroom
- Requires specific breaks
- Frequent absences
- Prolonged Absences
- Significant allergies/sensitivities
- Has a safety plan for emergencies
- Risk of experiencing medical distress

Workload

Based on the impact of the disability, what is your estimate of number of hours per week the student is capable studying and attending class? (You may wish to add comments on the next pages).

Estimated Time	Point of Reference (Approx.)
<input type="radio"/> 20% of time	10 to 15 hours
<input type="radio"/> 40% of time	Up to 25 hours
<input type="radio"/> 60% of time	Up to 35 hours
<input type="radio"/> 80% of time	Up to 45 hours
<input type="radio"/> 100% of time	Up to 55 hours
<input type="radio"/> 120% of time	60+ hours

Reassessment

When does the impact on the student's abilities need to be reassessed?

Professional's Initials

Changes in Functioning

Time of day when normal functioning is affected: _____

If this disability is episodic or involves significant fluctuations in abilities, please describe frequency, intensity and predictability of changes. What is the difference between a “flare-up” and functioning at other times?

Additional Description of Impact on Abilities

Please describe the impact of the **diagnosed condition** on the student’s functioning in each of the following areas (including severity of impact). Details are tremendously helpful for tailoring our support to the student’s needs.

Note: we are particularly interested in how a student’s abilities might be affected in an academic context (e.g. learning, research, discussion, studying and exams).

Examples to inform descriptions

Please indicate “not applicable” where appropriate.

- organizing/prioritizing
- processing new information
- decision-making
- generalizing or applying ideas
- interpreting instructions
- comprehending abstract ideas
- intrusive thoughts

- procedural memory
- working memory
- holding attention
- context/specific situations
- variability of memory
- forming new memories (please specify types)

- communication
- navigating social situations
- group discussion
- large classrooms
- help-seeking
- managing disagreement
- withdrawing or isolation

1. Cognitive functioning: _____

2. How is memory affected (if at all)? _____

3. Social interactions: _____

Professional’s Initials

4. Daily activities: _____

- routines, self-regulation
- medication effects
- sensitivity to light or noise
- need for a washroom
- frequent appointments
- attendant care/assistance
- mobility/dexterity

5. Emotional functioning: _____

- overwhelming emotions
- motivation, becoming stuck
- perfectionism
- outbursts
- managing disagreement
- coping with setbacks
- propensity to see things as a threat or in a negative light

Triggering Situations

General Comments

Professional's Initials

Contact Information

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