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.
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 gives us the most helpful and comprehensive information about how these conditions affect students in our academic setting. If this student has one of these conditions, we may use the information provided here on an interim basis and encourage further assessment by a psychologist.

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)
- Neurodevelopmental disorders with evidence from childhood (e.g. ASD or ADHD)
- Hearing
- Injury or recovery from surgery
- Mobility or Dexterity
- Vision
- Other (Please specify):

Clinical Assessment

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Source</th>
<th>Primary Source</th>
<th>Limited Source</th>
<th>Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>This student’s self-report</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clinical observation</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Standardized assessment techniques</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Information from parents, teachers, etc.,</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other health professionals</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically navigating environment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Energy level or fatigue</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pain</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Tolerating stress</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Focus/concentration</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Impulse control</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Compromised immune system</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ability to spend time looking at a computer screen</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Estimated Time</th>
<th>Point of Reference (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 20% of time</td>
<td>10 to 15 hours</td>
</tr>
<tr>
<td>O 40% of time</td>
<td>Up to 25 hours</td>
</tr>
<tr>
<td>O 60% of time</td>
<td>Up to 35 hours</td>
</tr>
<tr>
<td>O 80% of time</td>
<td>Up to 45 hours</td>
</tr>
<tr>
<td>O 100% of time</td>
<td>Up to 55 hours</td>
</tr>
<tr>
<td>O 120% of time</td>
<td>60+ hours</td>
</tr>
</tbody>
</table>

**Reassessment**
When does the impact on the student’s abilities need to be reassessed?

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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).

1. Cognitive functioning: ________________________________

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

3. Social interactions: ________________________________

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

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**

**Contact Information**  
Accessibility Services, Student Wellness  
JT Powell Building  
University of Guelph  
Guelph, Ontario  
N1G 2W1  

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Fax: 519-824-9689  
Email: accessibility@uoguelph.ca