Dear Physician,

Attached is the Functional Assessment form 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 diagnosable condition. For example, experiencing stress is not a disability, but generalized anxiety disorder on the other hand often does have a disabling effect.

Legally, we are not permitted to diagnose health conditions. We therefore need you to confirm that the limitations in abilities reported by the student are in line with their diagnosis. Note that the specific diagnosis does not necessarily have to be disclosed.

Who should complete this form?
Typically, this form is to be completed by the student’s treating physician. In some cases, it may be appropriate for another regulated health professional in the same medical context to complete the form, provided that are operating within their scope of practice to diagnose, or have access to confirmation from a physician of an underlying health condition.

If the treating physician is at some distance and inconvenient to access, SAS can provide interim supports (see below). As always, it may also be worth assessing whether the student needs to transfer care to a local physician.

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 ground). 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 (where appropriate). SAS will provide interim support for students while this process is underway.

To help with more time sensitive issues, SAS will accept referrals from professionals who have seen the student pending a more complete assessment (see the link under the “resources” section below).

Note that interim accommodations are not limitless, and students are expected to be actively engaged in the process of clarifying the nature of their disability while accessing these supports.
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. This situation does not invalidate the academic struggles the student may be experiencing. Perhaps the academic program does not meet their personal interests or aptitudes, or they may need to enhance their learning skills. They may also have difficult life circumstances or be dealing with normal developmental challenges.

In all likelihood, we take a similar approach to what you would say when encountering someone in these situations: “Although you don’t seem to have a disability, I can see that you are having difficulties. What other sources of support have you considered?” If you are having a conversation like this with a student, please remind them that SAS is happy to review resources with them to help with enhancing learning strategies and assist with other difficulties.

Resources

Policy on Third Party Reports from the College of Physicians and Surgeons:
https://www.cpso.on.ca/cpso/media/documents/policies/policy-items/third-party-reports.pdf

Policy on Accessible Education for Students with Disabilities from the Ontario Human Rights Commission:
http://www.ohrc.on.ca/en/our_work/policies_guidelines

Referral to SAS from a Professional Service Provider:
https://uoguelph-accommodate.symplicity.com/surveys/referral
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

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
<th>UofG Student Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Health Professional with Authority to Make a Relevant Diagnosis

<table>
<thead>
<tr>
<th>Name (Please print)</th>
<th>Professional Designation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Number</td>
<td>Date</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Office Stamp (Address, Phone Number)</th>
</tr>
</thead>
</table>

Signature
Overview of Medical Condition

Diagnosis: ________________________________

Student's consent to disclose diagnosis (Initials)

Date of onset: ________________________________

When does this information need to be updated? ________________________________

Time of day when normal functioning is 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:
  1. 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
  2. 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

<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>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Energy level or fatigue</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Pain</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tolerating stress</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Focus/concentration</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Recalling info. after a few moments</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Recalling info. after an extended period of time</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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: ________________________________________________________________________________

                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   

Additional Resources

**Accessibility Services, Student Wellness**

[wellness.uoguelph.ca/accessibility](http://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](http://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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