# Mild Traumatic Brain Injury (mTBI) (Concussion) Assessment Form

#### Accessibility Services, Student Wellness

In order to receive academic accommodations for disability-related reasons, an assessment is required that describes the impact of the student's disability. Disclosure of a diagnosis is optional, but not required.

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)

Date of Birth (month, day, year)

UofG Student Number

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 Information**

The information provided here represents my clinical assessment of the student

Name (Please Print)

Registration Number

Signature

Professional Designation

Date

Office address and phone number

Reassessment Signature (If applicable)

Reassessment Date

## **Clinical Assessment**

#### Diagnosis

Date of Onset

O Concussion (Mild Traumatic Brain Injury)

O Persistent Post-Concussive Symptoms

O Whiplash

O Other \_\_\_\_\_



Next reassessment for purpose of updating academic accommodations needed in:

O Two weeks O Four weeks O Three Months O Six Months O One Year O Not needed OOther \_\_\_\_\_

#### **Current Symptoms**

Symptom	Impact on Daily Function (If Applicable)			Reassessment Date:			
			Updated Impact on Daily Function				
	Mild	Moderate	Severe	Mild	Moderate	Severe	Resolved
Headache/neck pain	0	0	0	0	0	0	0
Nausea	0	0	0	0	0	0	0
Balance difficulties	0	0	0	0	0	0	0
Dizziness	0	0	0	0	0	0	0
Drowsiness/Fatigue	0	0	0	0	0	0	0
Problems with sleep	0	0	0	0	0	0	0
Sensitivity to light	0	0	0	0	0	0	0
Sensitivity to noise	0	0	0	0	0	0	0
Limited reading/learning tolerance	0	0	0	0	0	0	0
Increased sadness	0	0	0	0	0	0	0
Increased anxiousness	0	0	0	0	0	0	0
Emotional lability (mood swings)	0	0	0	0	0	0	0
Mental fogginess	0	0	0	0	0	0	0
Concentration/memory issues	0	0	0	0	0	0	0
Slower processing	0	0	0	0	0	0	0
Planning/problem solving issues	0	0	0	0	0	0	0
Issues with speech/word finding	0	0	0	0	0	0	0

#### **Academic 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?

Estimated Time	Point of Reference (Approx.)	Reassessment Update	
O 20% of time	10 to 15 hours	O 20% of time	
O 40% of time	Up to 25 hours	O 40% of time	
O 60% of time	Up to 35 hours	O 60% of time	
O 80% of time	Up to 45 hours	O 80% of time	
O 100% of time	Up to 55 hours	O 100% of time	

Reading/cognitive exertion/screen tolerance before a break is needed:

O 5 mins O 15 mins O 30 mins O 45 mins O 1hr O 2hrs O 3 hours O Other\_\_\_\_\_

#### **Other Functional Information/Accommodation Recommendations to Share:**

### Thank you for your support to this student!

#### **Contact Information**

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