

# Functional Assessment

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

## Why is this information needed?

To receive academic accommodations for disability-related reasons, a functional assessment is required that describes the impact of the student's disability on their academics. Disclosure of a specific diagnosis is optional, but the disability type must be noted.

Disabilities must be related to clinically significant physical, psychological, or emotional conditions. For example, experiencing stress or feeling anxious during tests and exams is not necessarily a disability. On the other hand, *Generalized Anxiety Disorder* often does have a disabling effect. We rely on professionals to confirm that the limitations reported by the student are aligned with a diagnosis or treatable condition.

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 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.

## 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 of the related health condition or disability.

- For **ADHD/ASD**: a Medical Doctor (Naturopathic Doctor excluded), Nurse Practitioner, Psychologist, or Psychiatrist.
- For **medical/physical/sensory conditions**: a Doctor or Nurse Practitioner. \*Other specialists: Physiotherapist or Occupational Therapist for *physical injuries*; Audiologists for *hearing loss*; Ophthalmologists or Optometrist for *vision*.
- For **mental health conditions**: a Doctor, Nurse Practitioner, Psychologist, Psychiatrist.
- For **concussion**: Do not use this form. See the [Concussion Assessment Form \(CAF/mTBI\)](#).
- For **learning disabilities**: Do not use this form. A copy of a psycho-educational assessment report is required.

While **ADHD and ASD** might be diagnosed by a variety of health professionals, the assessment measures used by Psychologists usually provide the most helpful and comprehensive information about how these conditions affect students in an academic setting. At minimum, we require this form for ADHD and/or ASD when a report is not available or is considered outdated (3+ years past original assessment date or prior to 17 years of age).

**For access to interim accommodations**, this form may be completed by a non-diagnosing professional who is well suited to report on the functional abilities/limitations of the specific disability (such as an Occupational Therapist, Social Worker (MSW), Registered Psychotherapist). Verification of disability by a diagnosing professional will be required for access to ongoing accommodations if appropriate.

## Risks

The information provided in the Functional Assessment is used to create equity by removing unfair barriers based on disability (a protected human rights status). Inaccurate information may give the student unfair academic advantage, access to financial aid that is not warranted, consume resources that limit our ability to help other students, and jeopardize 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. A letter indicating that this process is underway is requested.

## 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.

## Confidentiality

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.

## To be completed by student:

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*Student Name (Please Print)*

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*U of G Student Number*

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*Date of Birth (month, day, year)*

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*Telephone Number*

☐ **I consent for the health professional named on this form to share information** concerning myself with Student Accessibility Services (SAS) 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.

☐ **I consent to disclose my diagnosis to SAS.**

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*Student Signature*

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*Date*

**To be completed by Health Professional:**

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Professional Designation*

\_\_\_\_\_  
*Registration Number*

\_\_\_\_\_  
*Office Address and phone (office stamp)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

OR

- ☐ I am acknowledging that it is outside the scope of my practice to diagnose a condition that is disabling. However, I am well suited to provide information about the disability-related functional limitations experienced by the student based on my professional qualifications and clinical assessment of the student.

To complete the questions on this form, I am basing my responses on:

- ☐ An assessment I completed with the student.  
☐ A previous assessment completed by another health care provider, noted on the next page. *Please provide a copy of this assessment if applicable.*

**Assessment Methods Used (check all that apply):**

Type of Assessment	Date (where relevant)
Clinical Assessment	
Psychiatric or Psychological Evaluation	
Neuropsychological or Psycho-Educational Assessment	
Global Assessment of Functioning (GAF) or WHO-DAS	Date: _____ Score: _____
Student's Self-Report	
Information from parents, teachers, etc.	
Behavioural Observations	
Other:	

## Disability Information:

Use the scale below to identify the duration that the student's disability will impact their functional limitations in the university academic environment using the boxes below.

<b>Permanent</b>	Ongoing (chronic or episodic) symptoms that will impact the student over the course of their academic career (4-5 years) and/or is expected to remain throughout their life.
<b>Persistent/ Prolonged</b>	Ongoing symptoms that have lasted or are expected to last at least 12 months but is not a permanent disability.
<b>Temporary/ Provisional</b>	With an anticipated duration. If disability is still being assessed or duration is unknown, indicate a reasonable duration for which the student should be accommodated (i.e., number of weeks, months, or end of term).

Please provide a clear Disability-type/Diagnosis and include the DSM code if relevant– **ONE diagnosis per box**. If the student has not consented to share their diagnosis, this section can indicate the general type of disability (i.e. mental health disability).

*Learning Disabilities or Specific Learning Disorders require a psycho-educational assessment. This form can be used for any co-morbid disabilities noted in an outdated assessment or if onset occurred after the assessment date.*

### Primary Disability

Disability-Type or Diagnosis (include DSM-V code if relevant)		Date of Diagnosis	Diagnosing professional	
			Me:	Other (provide name):
Duration (Check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From:  dd/mm/yyyy	To:  dd/mm/yyyy

### Secondary or Co-Morbid Disabilities (if applicable)

Disability-Type or Diagnosis (include DSM-V code if relevant)		Date of Diagnosis	Diagnosing professional	
			Me:	Other (provide name):
Duration (Check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From:  dd/mm/yyyy	To:  dd/mm/yyyy

Disability-Type or Diagnosis (include DSM-V code if relevant)		Date of Diagnosis	Diagnosing professional	
			Me:	Other (provide name):
Duration (Check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From:  dd/mm/yyyy	To:  dd/mm/yyyy

Disability-Type or Diagnosis (include DSM-V code if relevant)		Date of Diagnosis	Diagnosing professional	
			Me:	Other (provide name):
Duration (Check one)	Permanent	Persistent/ Prolonged	Temporary (reasonable duration for accommodations)	
			From:  dd/mm/yyyy	To:  dd/mm/yyyy

## Current treatment and supports being accessed:

- ☐ Individual Psychotherapy/Counselling    ☐ Massage therapy  
☐ Group Therapy    ☐ Physiotherapy  
☐ Complimentary therapies    ☐ Other (i.e., yoga, meditation):

Is the student currently being prescribed medication for their symptoms?    ☐ Yes    ☐ No

If yes, please specify any side effects impacting the student's academic functioning:

Is the student's functioning impacted at certain times of day (i.e., medication side effects, symptoms of condition, etc.)? ☐ Yes ☐ No

If yes, please specify:

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?

Does the student currently require a mobility aid?

☐ Yes ☐ No ☐ May fluctuate throughout duration of degree

If relevant, how long will the mobility aid currently be required?

From (dd/mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

### Course Load:

In your opinion, is the student able to meet the demands of a full course load (typically 5 courses, up to 50 hours per week?) ☐ Yes ☐ No ☐ May fluctuate throughout duration of degree

Other Comments:

### Functional Limitations:

Use the scale below to identify the severity the student's disability impacts their functional limitations in the university academic environment.

<b>None</b>	No disability-related functional limitations in this area.
<b>Mild</b>	Some functional limitations which may require minimal academic accommodations/support.
<b>Moderate</b>	Moderate impairment that impacts academic functioning. Likely to need academic accommodations/support.
<b>Severe</b>	High degree of functional impairment that impacts academic functioning. Requires academic accommodation(s) and support. Student may be unable to function within the academic environment with or without accommodations.
<b>Unknown</b>	Unable to assess at this time.

<b>Functional Limitation or Area of Concern</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Unknown</b>	<b>Notes (optional)</b>
Attention/concentration						
Information Processing						
Executive Functioning (organization, planning, time management)						
Short-term Memory						
Long-term Memory						
Meeting Deadlines						
Completing timed assessments (i.e. exams)						
Managing emotions/stress						
Intrusive Thoughts						
Fatigue/energy level						
Low motivation						
Pain						
Mobility (sit, stand, walk)						
Dexterity (fine motor, handwriting)						
Vision						
Hearing						
Frequent/sudden need for washroom breaks						
Absences due to disability						
Participation in group activities						
Presentations/speaking in groups/speech						

Managing social situations						
Sensitivity to light, sounds, or smells						
Other: (please specify)						

### Additional Information:

Please provide any additional information about the student's disability and their functional limitations that the University of Guelph, Student Accessibility Services (SAS) should consider when supporting this student and/or implementing academic accommodations for their disability.

### Documentation Submission:

- Students should submit all 8 pages of this form as a single PDF **only after** submitting the online [SAS Application](#)
- Students can:
  - upload directly to the student portal using link in confirmation email
  - email it to [sas@uoguelph.ca](mailto:sas@uoguelph.ca)
  - have health care provider fax directly to SAS

### Contact Information:

Student Accessibility Services (SAS), Student Wellness  
JT Powell Building  
University of Guelph  
Guelph, Ontario  
N1G 2W1

Phone: 519-824-4120 Ext. 56208

Fax: 519-824-9689

Email: [sas@uoguelph.ca](mailto:sas@uoguelph.ca)

**Professional's initials,  
indicating you have  
reviewed all pages.**