



Student Enrolment Services

Student Accessibility Services

MacEwan Student Centre 452

2500 University Drive NW

Calgary, AB, Canada T2N 1N4

Phone: 403-220-8237

Fax: 403-210-1063

access@ucalgary.ca

Students: please be aware that you are responsible for any fees associated with completing this form.

UofC Student Accessibility Services Verification Form

This student is in the process of registering for services from Student Accessibility Services (SAS) at the University of Calgary. The University recognizes that students with a disability may require supports to access curriculum and may be entitled to academic accommodations. In order to determine eligibility for services, students are responsible for providing documentation to our office which describes how their condition restricts their ability to participate in post-secondary studies.

The information you provide will not become part of the student's educational record, but will be kept in the student's confidential file at Student Accessibility Services. Please note that the student may request to see this form and may request that it be released to a medical provider, educational institution, or government funding agencies.

**Reminder: For Learning Disabilities (LD) a Psycho-Educational report from a Psychologist, or Neuro-psychological report must be included. A physician's diagnosis of LD will not be accepted*

Confirmation of Need for Supports

To determine accommodations, Student Accessibility Services requires information on functional limitations. A diagnosis of disability, medical condition or disorder alone is not sufficient to be eligible for accommodations and supports. The learning environment must be sufficiently inaccessible such that the student's ability to perform tasks required to achieve their educational goals to their potential is negatively impacted.

If students require government funding for support services and assistive technology, a diagnosis is required for funding eligibility.

UofC Student Accessibility Services Verification Form

To Be Completed by Student (please print):

Student Name:	Date of Birth: (YY/MM/DD)	UCID:
I authorize the below named professional to release this completed form to Student Accessibility Services at the University of Calgary. (I understand that this information will be kept in my confidential file within the SAS and will not be shared with any other individual or department at the University of Calgary without my explicit consent.)		
Date:	Student Signature:	

Notice Regarding Collection, Use, and Disclosure of Personal Health Information by the University:

The University of Calgary is committed to protecting the privacy of individuals who work and study at the University or who otherwise interact with the University in accordance with the standards set out in the Freedom of Information and Protection of Privacy Act.¹

To Be Completed by Licensed Medical Professional (please print):

Professional's Name (please print):	Professional's Signature:	Date form was completed:
Address:	Phone:	Fax:
Professional's Credentials: (i.e., MD, FRCPC, etc)		Office Stamp or Business Card:

History

When did you start working with this student? _____

¹ <https://www.ucalgary.ca/policies/files/policies/privacy-policy.pdf>

Confirmation of Need for Supports

For each diagnosis listed below, please indicate whether the diagnosed condition is permanent, temporary, or unknown. If multiple diagnoses exist, please indicate which condition you consider to be the student's Primary disability.

Permanent disability: On-going (chronic or episodic) symptoms that will significantly impact the student over the course of their academic career and is expected to remain for their natural life

Temporary disability: A disability that affects the student for a short period of time resulting in eventual recovery

To Be Determined: I am in the process of monitoring and assessing the student's health condition to determine a diagnosis

<p>Diagnosis 1 (primary): _____ please check one:</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary anticipated duration from ____/____/____ to ____/____/____ (year/month/day)</p> <p><input type="checkbox"/> To Be Determined assessment likely to be completed by ____/____/____ (year/month/day)</p> <p>If the above diagnosis is psychiatric, is this a DSM diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Diagnosis 2: _____ please check one:</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary anticipated duration from ____/____/____ to ____/____/____ (year/month/day)</p> <p><input type="checkbox"/> To Be Determined assessment likely to be completed by ____/____/____ (year/month/day)</p> <p>If the above diagnosis is Psychiatric, is this a DSM diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Diagnosis 3: _____ please check one:</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary anticipated duration from ____/____/____ to ____/____/____ (year/month/day)</p> <p><input type="checkbox"/> To Be Determined assessment likely to be completed by ____/____/____ (year/month/day)</p> <p>If the above diagnosis is Psychiatric, is this a DSM diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Functional Limitations

Please indicate the level of impact on the student’s academic activities. Check all that apply.

Mild: Mild functional limitations evident in this area. Student should be able to cope with minimal support

Moderate: The student requires some degree of academic accommodation as symptoms are more prominent

Serious: The student has a high degree of impairment. Significant academic accommodations may be required as symptoms significantly interfere with academic functioning

Unknown: Not known at this time

Activity	No Impact	Mild	Moderate	Serious	Unknown
Concentration					
Memory					
Submitting assignments on time					
Class attendance					
Making and keeping appointments					
Organization/time management					
Social participation (this may cause difficulties with participating in class and group settings)					
Speaking in public or presentations					
Managing internal distraction					
Managing external distractions					
Managing Stress					
Fatigue					
Reading					
Writing multiple choice tests/exams					
Writing long answer tests/exams					
Completing tests/exams within the allotted time					
Taking notes in class					
Other please identify:					

Is the student currently taking medication(s) for these symptoms? Yes No

If YES, please describe any side effects which may also impact the student's academic performance

If YES, do functional limitations persist even with medication? Yes No Unsure

Using the student's functional limitations identified on page 4, what supports or accommodations can be used to reduce the impact of the functional limitations on the student:

Limitation identified in "Functional Limitations" chart of page 4	Recommended supports that can <u>reduce the impact</u> of the limitation to the student, in an educational setting?
<i>(e.g., difficulties managing external distractions)</i>	<i>(e.g., write exams in exam center to reduce external distractions)</i>

Additional comments:

Thank you for your support in this matter. If you have any questions or concerns please contact Student Accessibility Services at (403)220-8237.

Please Note: This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP Act) and is required to determined and advise on appropriate accommodation. If you have any questions about the collection or use of this information please contact Student Accessibility Services, MSC 452 at (403) 220-8237.