

SAS DISABILITY DOCUMENTATION FORM: STUDENT SECTION

Dear Student,

Student Accessibility Services (SAS) uses this form to provide confirmation of disability and information regarding the impact on your academic participation at Trent University. Information provided by your regulated health professional, along with information provided by you, will assist in determining appropriate academic accommodations and supports in accordance with the Accessibility for Ontarians with Disabilities Act (AODA).

Please complete this page and then forward this document to your regulated health professional, as they will complete pages 2 through 8. The completed form can be uploaded to the [Pre-Intake Questionnaire on the SAS Website](#). Note that health professionals may charge a fee for completing this form.

A: STUDENT INFORMATION

First (Given) Name: _____ Date of Birth: _____
Last Name: _____ Trent Student ID#: _____
Preferred Name: _____ Phone Number: _____

B: CONSENT FOR DISCLOSURE OF DIAGNOSIS TO SAS

It is not mandatory that a diagnosis be disclosed in order to receive academic accommodation; however, when a diagnosis is shared, it can help to inform appropriate academic accommodations. Indicating the diagnosis is also a useful tool to determine helpful learning strategies.

YES, I consent to my diagnosis being identified on this form and provided to SAS at Trent University; OR;

NO, I do not consent to the disclosure of my diagnosis.

C: AUTHORIZATION FOR RELEASE OF INFORMATION

Documentation provided by students is confidential. Personal health information provided in this form is collected and used in accordance with Section 39(2) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*, 1990.

I consent to allow the health professional completing this form to share information concerning myself with SAS at Trent University. I understand that this confidential information will be used to help plan accommodations and to support my learning needs while at university.

Student's Signature: _____ Date: _____

SAS DISABILITY DOCUMENTATION FORM: REGULATED HEALTH PROFESSIONAL SECTION

Dear Regulated Health Professional,

This form is used by Student Accessibility Services (SAS) at Trent University to gather and verify information related to the functional impacts of a student's disability as defined by the Ontario Human Rights Code.

We rely on your detailed knowledge of this student and their disability. A full description of the student's functional impacts is needed to determine reasonable and appropriate accommodations in the academic environment.

The student's specific diagnosis/diagnoses does not have to be disclosed; however, when a diagnosis is shared it can help to inform appropriate academic accommodations and helpful learning strategies.

The following criteria **must be met** for the determination of a disability:

* The student experiences functional impacts due to a disability or a diagnosed health condition that significantly impacts the student's academic functioning while pursuing post-secondary studies. *

Once this form has been completed and signed by you, please provide a copy to the student.

SECTION I. DISABILITY INFORMATION (COMPLETED BY REGULATED HEALTH PROFESSIONAL)

Indicate the appropriate statement for this student in the current academic setting:

Long-term, permanent disability with ongoing symptoms (chronic or episodic) that will impact the student throughout their academic career and are expected to be lifelong.

Persistent or prolonged disability that has lasted, or is expected to last, for a period of at least 12 months.

Short-term, temporary disability with an anticipated duration of less than 12 months.

Accommodations recommended until (date):

Do you consider this student capable of effectively managing the demands of full-time academic life (readings, multiple assignments, in-person attendance, for a minimum of 50 hours per week)?

YES, the student is able to manage a full-time course load

NO, I recommend that the student take a reduced course load

Does the student have regularly-scheduled medical or specialist appointments or treatments that would require them to miss academic commitments?

YES NO

If yes, indicate frequency of appointments:

Is the student's functioning restricted at certain times of the day that could impact exam writing?

YES NO

If yes, when is functioning most impacted? Morning Afternoon Evening

To participate in placements/co-op positions, does the student require accommodation?

YES NO

If yes, specify placement/co-op accommodations (for example, part-time, shorter shifts, etc):

Does the student require a safety plan for emergencies (for example, seizures, anaphylactic allergies, specific alarm mechanism due to sensory loss, falls & transfers, etc.)? If yes, please elaborate:

Disability Diagnosis

Identify the nature of the student’s primary diagnosis. If applicable, indicate the nature of any/all disabilities that co-occur with the primary diagnosis. *Please check ONE primary diagnosis and ALL relevant secondary.*

Nature of Disability	Primary Diagnosis (Check one)	Secondary Diagnosis (Check all that apply)
Acquired brain injury, concussion or head injury		
ADHD ADHD assessment date:		
Autism Spectrum Disorder ASD assessment date:		
Blind/low vision		
Deaf/deafened/hard of hearing		
Injury or recovery from surgery		
Learning Disability LD assessment date:		
Medical (acute or chronic)		
Mental health		
Mobility or dexterity		
Other (specify):		

Diagnosis Disclosure

If the student granted consent on Page 1 of this form, indicate the student’s specific diagnosis(es):

SECTION II. RISKS/AREAS OF CONCERN (COMPLETED BY REGULATED HEALTH PROFESSIONAL)

Please check any that currently apply to this student:

Substance misuse

Self-harm

Thoughts of suicide

Comments:

SECTION III. FUNCTIONAL IMPACTS (COMPLETED BY REGULATED HEALTH PROFESSIONAL)

How is this student likely to be affected in a university learning environment? If any of the following are impacted by the student’s disability, please check off the appropriate level of impact (mild, moderate, or severe) and include any relevant comments.

Functional impacts are divided into four categories: A) Socio-Emotional B) Cognitive, C) Physical and D) Sensory. You may skip any categories (A through D) that might not apply to the student by drawing a line through that category.

A) Socio-Emotional Skills/Abilities

Emotional regulation:

Unknown Mild Moderate Severe Not applicable

Read social cues (for example, follow established classroom protocols):

Unknown Mild Moderate Severe Not applicable

Coping with evaluations (sit in assigned seating during exams/tests with the rest of the class; deliver oral presentations to peers/professors; accept constructive feedback on performance):

Unknown Mild Moderate Severe Not applicable

Meet demands of academic life (pressures of multiple assignments, readings, tests/exams; being away from home; placement expectations):

Unknown Mild Moderate Severe Not applicable

Participate during in-class and group work (participate in classroom discussions, collaborate with peers on group assignments):

Unknown Mild Moderate Severe Not applicable

Ability to respond to change effectively (change of classrooms, assignment deadlines, class schedule, or professors/teaching assistants):

Unknown Mild Moderate Severe Not applicable

Comments: Please elaborate on any of the areas above that need further explanation.

B) Cognitive Skills/Abilities

Attention/Concentration (during exams, classes, labs, while writing essays/reports):

Unknown Mild Moderate Severe Not applicable

Short-term memory (information stored for about 30 seconds; for example, ability to follow class directions):

Unknown Mild Moderate Severe Not applicable

Long-term memory (ability to recall and retrieve stored information, especially in time-limited testing situations):

Unknown Mild Moderate Severe Not applicable

Information processing (ability to input, process, store and retrieve information):

Unknown Mild Moderate Severe Not applicable

Manage distractions (ability to filter out distracting visual and auditory stimuli during classes and/or testing situations):

Unknown Mild Moderate Severe Not applicable

Executive functioning (ability to meet exam/assignment deadlines; multi-task (ex. listen and take notes at the same time); prioritize academic tasks (ex. complete assignments, study, attend classes); manage time effectively (ex. stay focused on task); problem-solving):

Unknown Mild Moderate Severe Not applicable

Judgment - anticipating the impact of one’s behaviour on self and others (for example, understand when it is an appropriate time to interrupt a professor during class):

Unknown Mild Moderate Severe Not applicable

Comments: Please elaborate on any of the areas above that need further explanation.

C) Physical Skills/Abilities

Mobility:

Unknown Mild Moderate Severe Not applicable

Gross motor:

Unknown Mild Moderate Severe Not applicable

Fine motor/Manual dexterity (ability to grip a pencil/pen and write; type; perform repetitive activities; operate precision instruments such as a microscope, etc):

Unknown Mild Moderate Severe Not applicable

Stamina/Ability to engage in academic activities (ability to attend 20+ hours of classes a week, plus complete readings, study, meet assignment deadlines and exam demands):

Unknown Mild Moderate Severe Not applicable

Sit for sustained periods of time (during a 3-hour lecture or while on placement):

Unknown Mild Moderate Severe Not applicable

Stand for sustained periods of time (during a 3-hour lab or while on placement):

Unknown Mild Moderate Severe Not applicable

Comments: Please elaborate on any of the areas above that need further explanation.

D) Sensory Skills/Abilities

Tolerate bright/fluorescent lighting:

Unknown Mild Moderate Severe Not applicable

See lecture materials from across a lecture hall:

Unknown Mild Moderate Severe Not applicable

See regular print (12 pt font) on a computer screen or paper:

Unknown Mild Moderate Severe Not applicable

Able to distinguish colours:

Unknown Mild Moderate Severe Not applicable

Hear professor in large lecture hall:

Unknown Mild Moderate Severe Not applicable

Hear fellow students in a small classroom setting:

Unknown Mild Moderate Severe Not applicable

Comments: Please elaborate on any of the areas above that need further explanation.

SECTION IV: SUGGESTIONS FOR SPECIALIZED EQUIPMENT/SERVICES (COMPLETED BY REGULATED HEALTH PROFESSIONAL)

Based on the student’s functional impacts, do you have any recommendations for specialized equipment, supports and/or services?

SECTION V: REGULATED HEALTH PROFESSIONAL INFORMATION & OFFICE STAMP:

If no official office stamp, please sign, date and attach a sheet of your office letterhead.

Name:_____

Professional Designation:_____

Licence/Registration Number:_____

Office Phone Number:_____

I certify that the information provided on this form is accurate:

Signature:_____

Date:_____

Office Stamp *MANDATORY*

Thank you for taking the time to complete this Disability Documentation Form.

SAS reserves the right to decline this form on the basis of the health professional’s credentials, incomplete section(s), and/or missing office stamp/letterhead.

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May 2023