

Fred Smithers Centre of Support for Students with Disabilities – Documentation Form

THIS FORM IS TO BE COMPLETED BY THE STUDENT PRIOR TO ASKING A CERTIFIED MEDICAL DOCTOR/REGISTERED PSYCHOLOGIST.

STUDENT INFORMATION

Student's Name: _____ Student Number: A _____

This form is to provide the Fred Smithers Centre of Support for Students with Disabilities with confirmation that you have a disability and how your disability will impact you while studying at Saint Mary's University. **NOTE:** Students with a learning disability will need to submit a recent psychoeducational assessment (no older than 5 years).

One of the goals of the Fred Smithers Centre is to support students with academic accommodations to provide equal access to learning opportunities. The information provided by your Medical Doctor/Registered Psychologist will help to determine what accommodations you will need while you are a student at Saint Mary's University. The Medical Doctor/Registered Psychologist who completes this form will be asked to use their assessment and detailed knowledge of you and your disability to describe the functional impact of your disability. Please bring this form to a Medical Doctor/Registered Psychologist who knows you well.

CONSENT TO DISCLOSURE OF DIAGNOSIS

Disclosing a diagnosis is a choice and is not required to receive accommodations from the Fred Smithers Centre at Saint Mary's University. A student's disclosure or non-disclosure of their diagnosis has no impact on the level of service and/or support that they may receive through the Fred Smithers Centre.

Please check one:

- I do not consent to the disclosure of my diagnosis to the Fred Smithers Centre
- I consent to the disclosure of my diagnosis to the Fred Smithers Centre

CONSENT TO RELEASE INFORMATION

Confidentiality: collection, use and disclosure of this information is subject to all applicable privacy legislations. The information in this document is strictly confidential and will not be shared with anyone outside of the Fred Smithers Centre without your explicit written consent.

I, _____ (print name) authorize my Medical Doctor/Registered Psychologist to provide information outlined in this form to the Fred Smithers Centre.

Student's Signature: _____ Date (MM/DD/YYYY): ____/____/____

Fred Smithers Centre of Support for Students with Disabilities – Documentation Form
TO BE COMPLETED BY THE CERTIFIED MEDICAL DOCTOR/REGISTERED PSYCHOLOGIST

STUDENT INFORMATION

Student's Name: _____ Student Number: A_____

This student is requesting disability-related academic accommodations and supports while studying at Saint Mary's University. The Fred Smithers Centre of Support for Students with Disabilities requires the following information:

1. Confirmation and verification that the student has a disability

2. Confirmation of functional limitations the student experiences directly related to their disability or health condition

Academic accommodations are intended to level the playing field for students with disabilities while maintaining academic integrity. In order for the Fred Smithers Centre to consider this request, the student is required to provide the University with documentation which is completed by a Medical Doctor/Registered Psychologist who can determine the presence of a disability within their scope of practice.

Note: A diagnosis does not automatically mean disability-related accommodation is required. The provision of all appropriate academic accommodations and supports is assessed based on the impact of the disability on academic performance during the period for which the accommodation is being requested. We rely on your assessment and detailed knowledge of this student and their disability to provide us with a description of the current functional limitations that impact the student in the academic context. The information you provide, along with the information provided by the student, will be used by the Fred Smithers Centre to design an individualized accommodations plan.

For Psychologists or psychological associates completing this form for a student with a learning disability, please attach a recent psychoeducational assessment (within 5 years).

Disclosing a diagnosis is not required to access accommodations from the Fred Smithers Centre. You are asked to only provide a diagnosis with the student's consent on page one of this form. Any information provided on this form will be kept strictly confidential and will not be shared with anyone outside of the Fred Smithers Centre without the student's written consent.

Please use the following form to identify the functional limitations that impact the student in the academic context.

If you have any questions regarding this documentation form, academic accommodations and supports at the post-secondary level or the services provided by our office, please feel free to contact us at 902-420-5452 or email at fredsmithers.centre@smu.ca.

Thank you

Pages 3 to 6 are to be completed by a Certified Medical Doctor/Registered Psychologist

Disability Information

The following criterion **must be met**: The student experiences functional limitations due to a disability or diagnosed health condition that impairs the student’s academic functioning while pursuing post-secondary studies.

Select one or more options as applicable:

Only if the **student has consented to the disclosure of their diagnosis** on page 1 (one) of this documentation form, please provide the current diagnosis:

If the **student has not consented to the disclosure of their diagnosis** on page 1 (one) of this documentation form:

- I confirm that a disability is present and this student requires academic accommodations and/or supports.

I confirm I am in the **process of assessing the student to determine the presence of a disability**.

- The assessment will likely be completed by (MM/DD/YYYY) _____.

Duration of Disability

The designation of permanent disability has legal implications and is used in determining a student’s eligibility for government programs.

Duration	Accommodation recommended until (MM/DD/YYYY)
<input type="checkbox"/> Permanent disability	N/A (date not needed, accommodate until graduation or cessation of studies)
<input type="checkbox"/> Ongoing disability (chronic or episodic symptoms) with unknown duration	
<input type="checkbox"/> Temporary disability	
<input type="checkbox"/> Diagnosis unconfirmed – needs further assessment	

Functional Limitations

Using the following scale, please check all functional limitations caused by the disability and that impact the student in a post-secondary environment.

COGNITIVE **Not applicable**

	No Impact	Mild	Moderate	Severe	Cannot Assess
Memory-Short term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory-long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working memory (hold and manipulate information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain focus on academic tasks in a setting with visual distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay attention (ie. lectures or exams) for up to 3 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take notes during lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize, sequence and prioritize academic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete academic task within a given time (i.e. in class assignment or timed evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

COMMUNICATION **Not applicable**

	No Impact	Mild	Moderate	Severe	Cannot Assess
Organize and communicate ideas in written form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize and communicate ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present orally to a group or class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in large class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in small group or lab activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SOCIAL/EMOTIONAL **Not applicable**

	No Impact	Mild	Moderate	Severe	Cannot Assess
Effectively read social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional regulation (i.e. while interacting with others in class, accepting constructive feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in group work (i.e. assignments, lab activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in classroom settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PHYSICAL **Not applicable**

	No Impact	Mild	Moderate	Severe	Cannot Assess
Mobility (i.e. walk to, from and between classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills i.e. manipulate fine objects like test tubes in a lab setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor skills (i.e. lift, carry, bend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwrite for up to 3 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit for up to 3 hours (class, exam, lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand up for up to 3 hours (e.g. lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

OTHER **Not applicable**

	Please describe	No Impact	Mild	Moderate	Severe	Cannot Assess
Sensory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

Thank you for taking the time to complete this form. The information provided will assist the Fred Smithers Centre in determining the appropriate accommodations for our student while attending Saint Mary's University.

CERTIFICATION OF MEDICAL DOCTOR/REGISTERED PSYCHOLOGIST	
Practitioners name (print):	
Phone:	Fax:
Registration/License Number:	
OFFICE STAMP: <i>NOTE: if you do not have an office stamp, please sign and attach your letterhead</i>	<input type="checkbox"/> Physician-Family <input type="checkbox"/> Physician-Specialty: _____ <input type="checkbox"/> Psychologist/Psychological Associate <input type="checkbox"/> Other Regulated Health Care Professional _____

Other pertinent information related to the student's disability and functioning in the academic context:

--

Medical Doctor/Registered Psychologists Signature:

Date: _____