



Dear Health Care Professional:

This student will be/ is attending Fanshawe College this school year and has identified with us as having a disability which may require academic accommodations during the study period. Academic/ physical accommodations are to equalize the opportunity of this student in meeting the essential requirements of his/ her program/ courses. This form allows you to document the functional limitations that a student with a disability is likely to experience at college. We rely on your detailed knowledge of this student's disability, including a description of the current functional limitations that may impact the student's ability to meet the essential course or program requirements and to determine appropriate academic accommodations.

Accommodations will be created in accordance with the Canadian Charter of Human Rights & Freedoms, the Ontario Human Rights Code, the Ontario Human Rights Commission's 'Policy and Guidelines on Disability and the Duty to Accommodate, Nov 2000', 'Guidelines on Accessible Education, Sept 2004', and Fanshawe College Policy A-101.

Please complete the attached documentation form and return it, along with any additional relevant information you believe would be helpful.

Requirements for attached documentation:

Please complete the following Confidential Disability Information Form including signature and date.

For diagnostic information regarding a:

1. Disability resulting from a medical condition, illness, or injury, including brain injury:

In Ontario, the following professionals listed under the **Regulated Health Professions Act** would generally be qualified to provide this information: Audiologists, Chiropractors, Optometrists, Physicians, Speech Pathologists, etc.

Documentation should include:

- specific diagnostic information (if consent is provided) clarifying the effects of the diagnosis on the individual
- any functional limitations/ restrictions
- impact of current medications on the academic functioning

Brief notes on a prescription sheet will not be accepted.

2. Disability resulting from a specific learning disability (LD):

In Ontario, professionals conducting assessments and providing diagnoses of specific learning disabilities in adults must have comprehensive training and relevant experience with an adult LD population.

The following professionals would generally be qualified:

Psychologists or Psychological Associates

Physicians (with specific training and experience in assessment of LD in adults)

Use of diagnostic terminology indicating a specific learning disability, by someone whose training and experience is not in these fields, is unacceptable and is a violation under the Regulated Health Professions Act. Because the provision of all reasonable accommodations and services is based upon the LD assessment, it is in an individual's best interest to have a current (less than 5 years) and adequate assessment which must:

- consist of and be based on a comprehensive assessment battery that does not rely on any one test or subtest;
- include a clear diagnostic statement and documentation of:
 - (a) intellectual/ cognitive ability
 - (b) academic achievement
 - (c) information processing skills
 - (d) social/ emotional development
 - (e) evidence of a substantial limitation of learning.

3. Disability resulting from a mental illness/ psychological disorder (DSM-V): In Ontario, the following professions are generally qualified to diagnose: physician (with specific training and experience), psychiatrist, psychologist, psychological associate.

***Disclosure of the specific DSM diagnosis is voluntary.** As per the Ontario Human Rights Code, it is not a requirement to provide a specific diagnosis for health/ mental health conditions to access academic accommodations and services from Counselling and Accessibility Services or to access Ministry funding opportunities for qualifying students.

*As well, students in the process of being assessed (i.e. no formal diagnosis) for mental illness and those experiencing interim or episodic symptoms will be able to access interim accommodations and support through the Counselling and Accessibility Office.

*Consideration of retroactive accommodations will be meaningfully considered on a case by case basis.



Counselling and Accessibility Services Confidential Disability Information Form

The information provided on this form is essential to the process of implementing academic and/ or physical accommodations to reduce or eliminate barriers that may inhibit this student from attaining the learning outcomes of their academic program. It may also be used to determine eligibility for government grants/ bursaries.

Note: Students with Learning Disabilities

This form is not for information about a learning disability. Please submit a copy of the most recent psycho-educational assessment.

SECTION A: To be completed by student

Student Name: _____ D.O.B. (DD/MM/YY): _____

Student Number: _____ Program: _____

Student consent to release of information pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I _____ authorize the health care professional to provide the following information to the Counselling and Accessibility Services department at Fanshawe College.

Documentation confirming a disability is required to access accessibility services and funding opportunities for students with disabilities offered through the Ministry to qualifying students. If you wish to access such funding please provide consent for documentation confirming a disability and any related functional limitations to be released.

Interim and temporary accommodations are available for students pending receipt of medical documentation.

Please note: As per the *Ontario Human Rights Code*, it is not a requirement to provide a **specific diagnosis for health conditions** to access academic accommodations and services from Counselling and Accessibility Services or to access Ministry funding opportunities for qualifying students.

Check one:

- I give consent for a diagnosis to be provided
 I do not give consent for a diagnosis to be provided (consent to provide information on functional limitations only)

Student Signature

Date

SECTION B: To be completed by Regulated Health Care Professional

Select the appropriate option:

1. This student has a **permanent** disability with symptoms that are continuous OR episodic
(The condition restricts a student's ability to perform the daily activities necessary to pursue studies as a post-secondary level and is expected to remain with the student for the duration of their expected life)

2. This student has a **persistent** or **prolonged** disability with symptoms that are continuous OR episodic
 (The condition restricts a student’s ability to perform the daily activities necessary to pursue studies as a post-secondary level and is expected to last, for a period of at least 12 months, but is not permanent)

Interim academic accommodations to be provided until (date)*: _____

3. This student has a **temporary** disability with symptoms that are continuous OR episodic

Interim academic accommodations to be provided until (date)*: _____

4. This student is being **monitored** to determine a diagnosis

Interim academic accommodations to be provided until (date)*: _____

**Updated documentation required after this date*

If consent to provide a diagnosis has been provided by student please check all that apply:

Diagnosed Permanent Disability (ies): **Disclosure of specific DSM diagnosis is voluntary.*

- Acquired Brain Injury
- ADD/ ADHD
- Autism Spectrum Disorder
- Blind/ Low Vision
- Chronic Medical (e.g. Fibromyalgia, Diabetes, Crohn’s, Migraine, Epilepsy, etc.)
- Deaf/ Hard of Hearing
- Specific Learning Disorder
- Intellectual Disability
- Mobility (e.g. CP, MS, Herniated Disc, Rheumatoid Arthritis)
- Mental Health
- Other _____

Functional Limitations: check appropriate boxes below to indicate impact on academics

Please list how any disability related symptoms or current medications may adversely impact academic functioning (i.e. cognitive/ physical abilities):

Skills/ Abilities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Not assessed
COGNITION					
Communication					
Judgement (anticipating impact of one’s behaviour on self and others)					
Attention/ Concentration					
Long-term Memory					
Short-term Memory					

Skills/ Abilities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Not assessed
Executive Functioning (behavioural inhibition, shifting focus, emotional control, self-monitoring, initiating tasks, working memory, planning & organizing, task monitoring)					
Information Processing (verbal or written)					
Managing Distractions (filter out stimuli)					

PHYSICAL					
Gross Motor					
Fine Motor					
Lifting					
Ability to sit for a sustained period of time					
Ability to stand for a sustained period of time					
Fatigue					
Chronic pain					
SENSORY					
Vision (with correction): Describe below					
Hearing (with correction): Describe below					
Speech: Describe below					
SOCIAL / EMOTIONAL					
Effective Emotional Regulation					
Ability to read social cues					
Emotional regulation during evaluations					
Effectively manage demands of academic life					
Participate appropriately in class and group work					
Ability to respond to change effectively					
OTHER: (state)					

Please provide any additional comments regarding functional limitations:

Do you anticipate any limitations in the following areas?

Maintaining a full time course load? Yes No Not Assessed If yes, please comment:

Sustaining a typical level of participation in their program of choice? Yes No Not Assessed If yes, please comment:

Participating in a work/field placement? Yes No Not Assessed If yes, please comment:

Participating in a work/ field placement with vulnerable populations? Yes No Not Assessed
If yes, please comment:

This person has been under my care for:

- Less than 1 year
- 1 to 5 years
- More than 5 years

SECTION C: Certification of Regulated Health Care Professional

Signature: _____

License/ Registration Number: _____

Date: _____

Email: _____

Phone: _____

Fax: _____

Medical Office Stamp:

Health Care Professional:

- Physician – Family
- Physician – Other: _____
- Psychologist/ Psychological Associate
- Psychiatrist
- Nurse Practitioner
- Other: _____

Fax this form to “Accessibility Intake Advisor”, at fax number: 519-453-2826

This document can be provided in alternate format. Please contact 519-452-4282 for more information.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT The information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for administrative and statistical purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada. For further information, please contact Senior Manager, Counselling and Accessibility Services, Fanshawe College, 1001 Fanshawe College Blvd, P.O. Box 7005, London, Ontario N5R 5R6, 519.452.4282.