



Accessibility Services

Dear Health Care Professional:

Accessibility Services at Fanshawe College facilitates the provision of reasonable and appropriate academic accommodations and supports for students with disabilities. To determine these accommodations and supports, Accessibility Services must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning. 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 determine appropriate academic accommodations.

Academic/ physical accommodations are to equalize the opportunity of this student in meeting the essential requirements of their program/courses. 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, professional stamp 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 clarifying the effects of the diagnosis on the individual
- any functional limitations/ restrictions related to academic functioning
- impact of current medications on the academic functioning

Brief notes on a prescription sheet will not be accepted. This form must be fully completed.

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 mental health conditions to access academic accommodations and services from 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.

* Accessibility Services supports are available to students with documented disabilities. If no disability is present, students will be referred to other supports at the college if available.



Accessibility Services

Confidential Disability Information Form

Accessibility Services at Fanshawe College uses this form to confirm that the student has a disability and to understand how the disability impacts their studies. The information provided on this form is essential to the process of implementing reasonable and appropriate 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. Providing false information or altering this form is a violation of Policy A130: Student Code of Conduct

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 healthcare professional to provide the following information to the 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 may be 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 mental health conditions** to access academic accommodations and services from 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)

I _____ authorize authority for Accessibility Services to communicate with the below named healthcare professional(s) to supply additional information relating to the provision of my academic accommodations and disability-related services. Check one:

- ☐ Yes
- ☐ No

Student Signature

Date

Accessibility Services considers this permission valid for as long as you are a student at Fanshawe College or if you revoke your consent in writing, whichever comes first.

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 will impact the student over the course of their academic career 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 that has lasted, or is expected to last, for a period of at least 12 months, but is not permanent)

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

☐ 3. This student has a **temporary** disability with anticipated duration (dd/mm/yyyy): From _____ to _____
(If duration is unknown, indicate reasonable duration for which student should be accommodated (e.g., number of weeks, months, end of term, etc.))

Temporary 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*

Identify the student's primary disability and any concurrent diagnoses or conditions if applicable.

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):

Nature of Disability	Primary Disability Check only one	Other Disabilities Check all that apply
Acquired Brain Injury	<input type="radio"/>	<input type="checkbox"/>
Attention Deficit (Hyperactivity) Disorder	<input type="radio"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="radio"/>	<input type="checkbox"/>
Chronic Illness	<input type="radio"/>	<input type="checkbox"/>
Deaf, Deafened, Hard of Hearing	<input type="radio"/>	<input type="checkbox"/>
Low Vision, Blind	<input type="radio"/>	<input type="checkbox"/>

Mental Health	<input type="radio"/>	<input type="checkbox"/>
Physical Mobility	<input type="radio"/>	<input type="checkbox"/>
Other (If this student has a diagnosis of a learning disability, a psychoeducational assessment must be provided).	<input type="radio"/>	<input type="checkbox"/>
Diagnoses Include DSM-V code, as applicable	Date of Diagnosis	Diagnosed by you
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

Mild	Student has some functional limitations and may require minimal academic accommodation(s) and/or support.
Moderate	Student has prominent functional limitations and requires academic accommodation(s) and support.
Serious	Student has a high degree of functional impairment that interferes with academic functioning and requires extensive academic accommodation(s) and support.
Severe	Student has extreme functional impairment and may have difficulty meeting academic obligations even with extensive academic accommodations.

Skills/ Abilities	No Impact	Mild Impact	Moderate Impact	Serious Impact	Severe Impact
ACADEMIC TASKS					
Listening					
Reading					
Taking Notes					
Completing Assignments					
Writing Tests & Exams					
Delivering Presentations					
Meeting Deadlines					
Participating in Group Activities					
Managing a Full Course Load					
Participating in a work/field placement					
COGNITION					
Attention/ Concentration					
Long-term Memory					
Short-term Memory					
Executive Functioning (time management, organization, planning, task monitoring)					
Information Processing (verbal or written)					
Managing Distractions (filter out stimuli)					

Skills/ Abilities	No Impact	Mild Impact	Moderate Impact	Serious Impact	Severe Impact
PHYSICAL					
Gross Motor (Lifting, Reaching, Bending)					
Fine Motor (Writing, Typing)					
Walking/Stair Climbing					
Sitting for Sustained Periods					
Standing for Sustained Periods					
Fatigue					
SENSORY					
Vision (with correction): Describe below					
Hearing (with correction): Describe below					
Speech: Describe below					
SOCIAL / EMOTIONAL					
Effective Emotional/Mood/ Regulation					
Ability to read social cues during social interactions/communication					
Participate appropriately in class and group work					
Working with vulnerable populations in a field placement setting					
OTHER: (state)					

Does the student take any medication and/or engage in any treatments that may impact their academic functioning? If yes, describe impact(s):

Please provide any additional comments regarding functional limitations related to student's academic performance and/or to provide any further information:

OPTIONAL: Accommodation Recommendation(s)

Based on the functional limitations indicated above, please share your recommendations and rationale for specific academic accommodation. We will review and consider these recommendations when considering an appropriate and reasonable accommodation plan.

Assessment/Support History:

1. How long have you provided service to this student? _____
2. Will you continue to provide service to this student? Yes No Unknown

SECTION C: Certification of Regulated Health Care Professional

Signature: _____ License/ Registration Number: _____

Date: _____ Email: _____

Phone: _____ Fax: _____

Medical Office Stamp (or attach letterhead):**Health Care Professional:**

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

How to submit this form to us:

Fax this form to “Accessibility Intake Facilitator” at fax number: 519-453-2826 or
Drop it off at our office in F2010 or
Students can securely upload through the Accessibility Services Online Student Services Portal

This document can be provided in alternate format. Please contact 519-452-4282 or e-mail accessibility@fanshawec.ca 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 the Manager, Accessibility Services, Fanshawe College, 1001 Fanshawe College Blvd, P.O. Box 7005, London, Ontario N5R 5R6, 519-452-4282.