



Disability Assessment Form

INFORMATION FOR STUDENTS

Student Accessibility Services (SAS) uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning. This form must be based on a current and thorough assessment from a registered health professional qualified to diagnose the condition (family physician, medical specialist, clinical psychologist, etc.). The provision of supplementary documentation from other service providers (e.g. health or educational) is also welcome. Do not use this form for a Learning Disability (LD) diagnosis. For LD, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided. The completed form must be sent directly by the registered health professional to Student Accessibility Services.

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

Your personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University to verify disability and to understand the impact(s) of the disability on your academic functioning, and for communication. Your personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA). If you have any questions about the collection of your personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

INFORMATION FOR REGISTERED HEALTH PROFESSIONALS

The University of Manitoba has designated Student Accessibility Services to facilitate the implementation of accommodations for students with documented disabilities. To determine these accommodations and supports, SAS must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning.

All relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to support services, and government and school bursaries while attending university. Students will be referred to other supports on campus if no disability is present.

For SAS office use only – date received (day/month/year): _____/_____/_____

STUDENT INFORMATION

Name: _____

Student Number: _____

Email and Phone number: _____

History:

How long have you provided service to this student? _____

Last date of clinical assessment: _____

Will you continue to provide service(s) to the student while they attend university? _____

Confirmation of disability:

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

Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life

Temporary disability with anticipated duration (day/month/year):

From _____ / _____ / _____ to _____ / _____ / _____

Unknown status. Indicate reasonable duration for which they should be accommodated and/or supported at this time (day/month/year):

From _____ / _____ / _____ to _____ / _____ / _____

Nature of disability

Nature of disability	Primary (check one)	Secondary/Tertiary (check all that apply)
Acquired brain injury		
Deaf/Hearing Loss		
Low vision/Blind		
Medical/Chronic illness		
Mental health		
Mobility/Physical		
Other, i.e. ADHD, Autism spectrum		

Diagnosis*: _____

*In cases of mental health disability, a student’s specific diagnosis is not required to receive accommodations and supports from SAS; however, full details of the impact(s) of the disability on the student’s academic functioning must be included. If the student consents to, or requests that you provide a diagnosis statement, this information is kept confidential in accordance with The Personal Health Information Act (PHIA).

Medication:

Medication(s) and/or treatments that impact academic functioning?

Yes No Not applicable

a) If yes, describe impact(s):

Impact(s) on academic functioning:

Select applicable functional limitation(s), note the severity, and describe the specific impact(s) on academic functioning. Use N/A (not applicable) where warranted.

Functional limitation:	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
<i>Academic tasks</i>					
Listening					
Speaking					
Typing					
Writing					
<i>Cognitive</i>					
Concentration/Attention					
Executive functioning (planning, organizing, problem solving, sequencing, time management)					
Information Processing					

Long-term memory (recall/retrieve stored information)					
Short-term memory (information stored for about 30 seconds)					
<i>Difficulties with</i>					
Attending classes regularly					
Fatigue					
Managing a full course load					
Managing stress					
Mood					
Social interactions					
Speech					
<i>Physical activity intolerance</i>					
Gross motor: Lifting over 5 lbs					
Reaching above shoulders					
Bending					
Fine motor/manual dexterity					
Mobility: Climbing (stairs)					
Walking					
Sitting for sustained periods					
Standing for sustained periods					
Other:					

Sensory disabilities:

If applicable, please list or attach any vision and/or hearing impairment scores which impact academics.

a) Visual acuity loss (best corrected), left eye, right eye, bilateral

b) Hearing loss (best corrected), left ear, right ear, bilateral. For hearing impairment, can include most recent audiogram.

Use this space to provide any further rationale to explain/list the student's functional limitation(s) related to academic performance and/or to provide any further information:

Sample Accommodations List

This is not an exhaustive list of accommodations at the University of Manitoba. This list is provided to assist you in understanding some of the more common accommodations that the University can provide.

Classroom

- Alternate seating/standing arrangements in the classroom
- American Sign Language – English interpreter
- Assistive technology to be assessed by the Assistive Technologist
- May require extra time to complete assignments within the 13 week term
- Note taking (classmates volunteer and provide notes anonymously)
- Reduced course load (40%) while still maintaining full-time student status
- Transcriptionist for a live typed transcript of each class

Exams

- Alternate space for exams
- Ergonomic chair for exams
- Extended exam time such as: 25% 50% 75% 100% (maximum)
- Maximum one final exam per day
- Use of a computer for exams

Accommodation recommendation(s)

Indicate specific recommendations for academic and/or placement accommodations and/or equipment/software. Recommendations must include a rationale as it relates to the impact(s) on the student's academic functioning as listed above.

Registered health professional

Please print except on signature line.

Name: _____

Professional designation: _____

License/registration#: _____

Signature: _____

Date (dd/mm/yyyy): _____/_____/_____

Facility name: _____

Facility address: _____

Office stamp: (Business card or copy of letterhead also accepted)

Thank you for completing this form with accuracy and careful consideration. The information will facilitate the supports requested by the student while at The University of Manitoba.