

**Queen's Student Accessibility Services Documentation Form
TO BE COMPLETED BY THE STUDENT**

Dear Student,

This form is designed to provide Queen's Student Accessibility Services (QSAS) with confirmation that you have a disability and with information on how your disability will impact you while studying at Queen's University. **NOTE:** Students with a **learning disability** will need to submit a recent psychoeducational assessment (last 3 years). Please refer to our website for more information (<http://queensu.ca/studentwellness/accessibility-services/information-students/documentation-requirements>).

The mandate of QSAS, informed by the Ontario Human Rights Code, is to provide individualized academic accommodations to equalize learning opportunities. QSAS will use the information provided by your health care provider to work with you to determine what accommodations you will need while you are studying at Queen's University. The regulated health care professional who completes this form will be asked to use their assessment and detailed knowledge of you to describe the functional impact of your disability. Please bring this form to a health care professional who knows you well.

Disclosing a diagnosis is a choice and is **not** required to receive accommodations from QSAS. Please indicate below if you give consent for your regulated health care provider to disclose your diagnosis.

Any information provided on this form is kept strictly confidential and will not be shared with anyone outside of QSAS without your explicit written consent.

STUDENT INFORMATION	
Name: _____	Queen's Email: _____
Student Number: _____	Preferred Phone Number: _____
<p>I will / will not be required to complete fieldwork (placements) as part of my program.</p> <p>Type of fieldwork: _____</p>	

CONSENT TO RELEASE INFORMATION
I _____ (your name) authorize my health care professional to provide information outlined in this form to the Queen's University Student Accessibility Service (QSAS).

CONSENT TO DISCLOSURE OF DIAGNOSIS TO QSAS
I consent to my diagnosis being identified on this form and provided to Queen's Student Accessibility Services (QSAS)
I do not consent to my diagnosis being identified on this form

Student Signature _____ Date: _____

**Queen's Student Accessibility Services Documentation Form
TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL**

Dear Health Care Professional,

You are being asked to complete the following *QSAS Documentation Form* by a student who wishes to register with Queen's Student Accessibility Services (QSAS). We seek 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

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. Please use the form that follows to identify the functional limitations that impact the student in the academic context. In some cases, students will complete the **Functional Limitations** section themselves. If this is the case, we ask that you initial each functional limitation indicated by the student with which you agree. By initialing in agreement, you are indicating that you have assessed this functional limitation and are in agreement that the limitation is present OR based on your knowledge of the student's condition, this limitation is related to the student's diagnosed disability(ies).

For psychologists or psychological associates completing this form for a student with a **learning disability**, please attach a recent psychoeducational report (last 3 years). Please refer to our website for more information (<http://queensu.ca/studentwellness/accessibility-services/information-students/documentation-requirements>).

The information you provide, along with the information provided by the student, will be used by QSAS to design an individualized accommodation plan. This plan helps to ensure the student has an equitable opportunity to fulfill the essential academic requirements and standards at Queen's University.

Disclosing a diagnosis is not required to access accommodations from QSAS. **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 QSAS without the student's written consent.

CERTIFICATION OF REGULATED HEALTH CARE PROFESSIONAL

Practitioners Name (print): _____

Phone: _____ Fax: _____

License/Registration Number: _____

Regulated Health Care Professional:

OFFICE STAMP

Physician – Family

Physician – Specialty: _____

Psychologist / Psychological Associate

Other Regulated Health Care Professional: _____

CONFIRMATION OF DISABILITY
(To be completed by the Health Care Professional)

PLEASE NOTE: If this student’s functional limitations are as a result of a **non-disability related extenuating circumstance** (e.g., death in the family) please refer the student to the Academic Considerations for Students with Extenuating Circumstances Policy, rather than completing this form.

The following criterion MUST BE MET for the determination of a disability:

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

DURATION OF DISABILITY

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

Duration	Accommodations recommended until (date):
Permanent disability (Expected to remain for the person’s lifetime)	N/A
Ongoing disability with unknown duration	
Temporary disability	
Diagnosis unconfirmed –Needs further assessment	

Has this student consented to providing their diagnosis on page one?

Yes, diagnosis(es) is/are: _____

No

EXPECTED CHANGES IN LEVEL OF FUNCTIONING

Condition is expected to remain stable	Condition is expected to fluctuate significantly
Condition is expected to decline	Changes in level of functioning are difficult to predict

Does this student have a disability that is **episodic** in nature? Yes No
(i.e., periods of good health interrupted by periods of illness or disability)

Does the student have a **print disability** that requires alternate text formats? Yes No
(i.e., learning, physical or visual disability that significantly restricts a person’s ability to read conventional print)

FUNCTIONAL LIMITATIONS
(To be completed by the Health Care Professional or the Student)

Please check all functional limitations the student experiences specifically due to their disability.

NOTE: If the student completes this section of the form, we ask health care providers (HCP) to initial those functional limitations with which they agree, based on their clinical assessment and judgement.

COMMUNICATION Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Organize and communicate ideas in written form		
Organize and communicate ideas verbally		
Present orally to a group or class		
Participate in large class		
Participate in small group or lab activities		

COGNITIVE Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Recall information after a delay (long-term memory) (e.g., recalling information during an exam)		
Recall information that is stored for a short period of time (short-term memory) (e.g., recalling what was read or following a conversation)		
Hold and manipulate information (working memory) (e.g., listening to lecture and summarizing in note form)		
Complete a series of academic tasks scheduled in close sequence (e.g., several assignments/tasks in same week, multiple exams in one day)		
Complete a timed academic task (e.g., timed exam)		
Complete scheduled academic tasks on time when given advance notice		
Process written or verbal information		

COGNITIVE (CONTINUED) Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Interpret and follow instructions		
Maintain focus on academic tasks in a setting with visual distractions (e.g., other students writing exams in neighbouring desks)		
Maintain focus on academic tasks in a setting with auditory distractions (e.g., other students writing or turning pages during an exam)		
Complete academic tasks within a given time (e.g., complete an in class assignment or timed evaluation)		
Organize, sequence, and prioritize academic tasks		
Plan and set goals to meet deadlines		
Read for up to 3 hours		
Complete cognitively straining tasks for up to 3 hours		
Pay attention (e.g., lectures or exams) for up to 3 hours		

SOCIAL/EMOTIONAL Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Effectively read social cues (e.g., following classroom protocols)		
Regulate emotions (e.g., while interacting with others in the class as well as the professor, accepting constructive feedback)		
Complete academic tasks while being evaluated (e.g., exams, placement)		
Respond to changes in classrooms, assignment deadlines, class schedules		
Participate in group or lab activities with assigned or chosen peers (i.e., work with a group or partner to achieve a goal)		

SENSORY Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Work in room with florescent (or bright) lighting		
Use a computer for academic purposes		
See the blackboard/whiteboard/projector in a lecture hall		
See regular print (i.e., 12 pt font) on a computer screen or on paper		
Hear the professor in a large lecture hall (when professor is using a microphone)		
Hear other individuals in a small classroom setting		
Hear conversations in a setting with background noise		

PHYSICAL Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Lift, carry, reach overhead, twist, bend, kneel (i.e., gross motor movements)		
Walk to, from, and between classes with backpack and books/computer (approximately 1 kilometer)		
Handle and manipulate small objects (i.e., fine motor movement) (e.g., work with test tubes or beakers in a lab setting)		
Handwrite for up to 3 hours		
Sit for up to 3 hours (e.g., in class, lab, exam hall)		
Stand for up to 3 hours (e.g., at lab counter)		

PRESENTATION OF DISABILITY(IES) Not Applicable

Condition significantly restricts ability to	Yes	HCP Initial
Attend class regularly		
If applicable, approximately how many days has the student missed in the previous semester/term: 1-3 days 4-7 days 8-14 days 14-21 days 22+ days Unknown New diagnosis		
Complete all scheduled academic tasks on time		
If applicable, approximately how many days has the student been unable to complete course work in the previous semester/term: 1-3 days 4-7 days 8-14 days 14-21 days 22+ days Unknown New diagnosis		
Complete a full time course load (Arts & Science: 5 courses; Professional Programs: 5+ courses)		
Arrive on time for classes/tutorials		

OTHER FUNCTIONAL LIMITATIONS NOT LISTED:

If student self-reported functional limitations, health care professional agrees that limitations are **directly related to the student's disability/disabilities:** _____ (HCP's initials).

TREATMENT PLAN
(To be completed by the Health Care Professional)

How long have you been treating the student? _____

Date of determination of disability? _____

The confirmation of disability is based on **(CHOOSE A OR B)**:

A. I have **recently assessed this student** and am knowledgeable about their disability and related functional impairments.

B. I have **expertise in this area of disability** and have **reviewed current documentation** provided by this student that gives a detailed assessment of their disability and related functional impairments.

Date of most recent assessment [related to this disability(ies)]: _____

Will you remain involved in ongoing management and treatment of this student's disability?

Yes No **If yes, how often?** _____

If no, does this student require ongoing care? _____

Treatment Plan (i.e., recommended follow-up or referrals): _____

OTHER INFORMATION
(To be completed by the Health Care Professional)

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

HEALTH CARE PROVIDER'S AUTHORIZATION
(To be completed by the Health Care Professional)

Health Care Provider's Signature: _____ Date: _____

Queen's Student Accessibility Services
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