

Verification of Confidential Extenuating Circumstance

This form is to verify a confidential extenuating circumstance (not a health condition) that temporarily limits a student's academic participation or ability to meet academic requirements. This applies to extenuating circumstances where a full recovery and return to previous levels of academic functioning is anticipated to happen within the next 3 months.

Student Name: _____ Student Number: _____

Queen's email: _____ Phone number: _____

Section A: Authorization to Share Information - Completed by Student

I authorize the health care provider named below to complete this form in support of my request for academic considerations. This form will be submitted to the designated individual(s) in my Faculty / School office and may be shared with instructors or university personnel solely on a need to know basis.

Student Signature: _____ Date: _____

Section B: Verification of Confidential Extenuating Circumstance – Completed by Professional

Based on my professional assessment I have determined that this student is experiencing an extenuating circumstance that requires academic consideration. I have interacted with the student, reviewed documentation, and/or spoken with reliable others, and have confidence that the extenuating circumstances are verifiable and are having an impact on the student's current ability to meet academic requirements. An assessment of the student's functioning related to the specific circumstance is within the scope of my professional practice. I believe that a confidential verification is in the best interest of the student at this time.

Date of onset of extenuating circumstance: _____

Follow-up (date): _____ Anticipated recovery difficult to predict (plan to follow-up) Yes No

Anticipated duration of impairment: < 1 wk 1 – 2 wks 2- 4 wks 4 – 8 wks 8- 12 wks

Impairment in Academic Functioning	
<input type="checkbox"/> Severe	Unable to fulfill academic obligations. Requires time off from academic work (i.e., unable to attend any classes or complete any course work).
<input type="checkbox"/> Serious	Able to fulfill some academic obligations, but performance will be substantially affected (e.g., substantial decrease in ability to attend classes, meet deadlines).
<input type="checkbox"/> Moderate	Able to fulfill some academic obligations, but academic performance will be considerably affected (e.g., unable to attend some classes and some assignments may be late).
<input type="checkbox"/> Mild	Able to fulfill most academic obligations, but academic performance may be affected (e.g., occasionally unable to attend class, submit assignments).
If the student's impairment is currently serious or severe , improvement to mild or moderate impairment is expected within <input type="checkbox"/> < 1 wk <input type="checkbox"/> 1 – 2 wks <input type="checkbox"/> 2- 4 wks <input type="checkbox"/> 4 – 8 wks <input type="checkbox"/> 8- 12 wks	
Health condition may impact ability to participate in the following academic requirements:	
<input type="checkbox"/> Attend/participate in classes, labs, placement <input type="checkbox"/> Write quizzes, tests, midterms <input type="checkbox"/> Write final or comprehensive exams <input type="checkbox"/> Complete assignments by deadline	<input type="checkbox"/> Complete oral presentations <input type="checkbox"/> Complete thesis/dissertation obligation <input type="checkbox"/> Participate in group work <input type="checkbox"/> Other: _____

Section C: Professional's Authorization - Completed by Professional

Name: _____ Profession / Position: _____

Signature: _____ Date: _____

Contact # or Email: _____ Department / Agency: _____

Students are responsible for providing this documentation to their Faculty/School Office and contacting their individual instructors to negotiate academic considerations once documentation is processed. The final decision regarding the academic considerations will be made by the course instructor.

Information about the Verification of Confidential Extenuating Circumstance Form

Student Responsibilities

- Disseminate this form – see instructions for individual Faculties/Schools below. Follow the instructions for the Faculty/School that is granting your degree.
 - Arts and Science: Submit the form to the online portal.
(<https://www.queensu.ca/artsci/accommodations>)
 - Engineering & Applied Sciences: Submit the form (hard copy) to Rm 300 Beamish Munro Hall
 - Nursing (BScN): Submit the form (email or hard copy) to Barb Bolton (Rm 113)
 - Education (B.Ed): Submit the form (email or hard copy) to Alan Wilkinson (Rm A101a)
 - Commerce: Submit the form to the Commerce Office
 - Law: Submit the form (email or hard copy) to Helen Connop
(helen.connop@queensu.ca)
 - Medicine: Submit the form (email or hard copy) to the Learner Wellness Centre
 - Occupational Therapy: Submit the form (email or hard copy) to your program assistant, Laurie Kerr (l.kerr@queensu.ca)
 - Physical Therapy: Submit the form (email or hard copy) to your program assistant, Kathy Grant (grantk@queensu.ca)
 - Bachelor of Health Sciences: Submit the form electronically (email only) to the Bachelor of Health Sciences Program Office (bhsc@queensu.ca)
 - Graduate Students: Submit the form (email or hard copy) to your instructor(s) or supervisor

Instructor Responsibilities

- Meet with student to negotiate academic considerations (i.e., deferral of tests/exams, extensions on assignments, etc.)

Student Wellness Services Responsibilities

- Provide original copy of form to student
- Upload form to student file