

BISC Special Considerations Form 2019-2020

The Bader International Study Centre (BISC) is committed to accommodating students with disabilities or special health needs to the degree possible. The accommodation process is not intended to address transition related stress, generally faced by many students moving into more independent living situations. The information in this form will be used when determining your room assignment and/or related non-academic accommodations. If you also require academic accommodations, you must contact Queen's Student Accessibility Services (QSAS) for assistance. This form does not replace the Residence application. The BISC will contact you to confirm that your accommodation request has been approved or if we require further information to complete our assessment. The information on this form will be used for the room assignment process and is kept strictly confidential, unless consultation or notification is required with other departments on campus for the purposes of supporting the accommodation.

Completing this Form:

1. Student - Complete Section A before providing the form to your health care provider.
2. Forward the form to your Health Care Provider to complete Sections B and Section C.
3. Upload the forms to the BISC Student Portal a minimum of 30 days prior to arrival

While we will consider late submissions, we may be limited in what accommodations we can provide after the deadline.

For further information contact:

Bader International Study Centre
Herstmonceux Castle
Hailsham, East Sussex
United Kingdom, BN27 1RN
Phone: +44 1323 834444
Fax: +44 1323 834499
Email: welcome@bisc.queensu.ac.uk



Dear Regulated Health Care Professional,

You are being asked to complete the attached **Queen's University Residences Special Considerations Form** by a student who wishes to have the Bader International Study Centre (BISC) consider this information in order to accommodate the student to the degree possible at the BISC. The information in this form will be used when determining the student's room assignment and/or related **non-academic accommodations**. It is important to note that the BISC residence is a high-density environment with shared amenities.

Not all disabilities or medical conditions require special assignments and the completed documentation must verify the student has a disability or medical condition and identify the functional limitation (if any) related to the disability or medical condition.

We will be relying on your detailed knowledge of the student's disability or health condition and resulting functional limitations to determine accommodations for this student. Please note student preferences that are not related to the disability or health condition are outside the scope of this form.

This form should only be completed by you if you are the regulated health care professional who has treated or diagnosed the particular disability, or you have reviewed the relevant documentation that supports the requested accommodation and are in a position to give a professional opinion.

The information you provide will be used by the BISC to determine individualized accommodations that ensure students with a disability or medical condition are appropriately accommodated.

Any information provided on this form is kept strictly confidential and will not be shared with anyone outside of BISC Student Services and Operations staff who will facilitate the accommodation.

Thank you for your assistance,

Yours sincerely,

BISC Welcome Team

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Hailsham, East Sussex
United Kingdom, BN27 1RN
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BADER
INTERNATIONAL STUDY CENTRE
CAMPUS AT HERSTMONCEUX CASTLE

| www.queensu.ca/bisc

| TEL: +44 (0)1323 834444

| A Limited Company Registered in England No. 2837809

| Registered Charity No. 1025387

SECTION A: To be completed by Student

Name: _____

8 digit student ID number: _____

Queen's Email: _____

Alternate Email: _____

I am a:

First year student

Upper Year Student

By marking one or both of the boxes below you will assist us in providing that support. You will receive a follow-up contact with further information.

I have an anaphylactic allergy related to food and will require assistance with the meal plan

I have disability or medical condition (other than an anaphylactic allergy) and will require assistance with the meal plan

I have an anaphylactic allergy that is not food related.

Consent to release of information

I _____ (your name) authorize my regulated health care professional to provide information outlined in Section B and C of this form to of BISC Student Services and Operations staff who will facilitate any required accommodation.

Student Signature _____ Date: _____



Section B: CONFIRMATION OF DISABILITY and FUNCTIONAL IMPAIRMENTS

(To be completed by a Regulated Health Care Professional)

Student Name _____ :

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 ability to function in certain living situations, arrangements or environments while pursuing post-secondary studies in a residence setting.

I confirm that according to the criterion outlined above:

This student has a disability and/or diagnosed health condition resulting in a functional limitation that will affect their living situation in a residence environment

This confirmation of disability is based on (Choose one):

I am the health care provider who diagnosed and is currently treating/managing this disability or health condition

I have reviewed documentation from a health care provider qualified to determine the disability or health condition.

I have no history with this student and am relying on the student's self-report

Date of diagnosis or determination of disability or health condition: _____

Date of most recent assessment of functional impairments: _____

Disclosure of Diagnosis

Disclosure of a specific health diagnosis is not required to receive accommodation; however, should the student choose to disclose this information, please note that all medical information is kept strictly confidential and is used only for Residence placement or other campus supports. In some cases, we may share the information with the Queen's Student Accessibility Services office for professional advising on an individual case or with operational personnel unless consultation or notification is required with other departments on campus for the purposes of supporting the accommodation

I have the student's consent to provide the diagnosis. The diagnosis is:

What is the severity of the condition? Mild

Moderate

Severe



Student Name _____

FUNCTIONAL IMPAIRMENTS and LIMITATIONS ASSESSMENT

Below are the ways in which we are able to accommodate the student at the BISC. Please check all that medically apply to the student’s disability or health condition.

Please note: when checking a required accommodation, it is mandatory to complete the functional limitation impact box (if provided) for this form to be accepted.

Required Accommodation Based on Diagnosis	√	Specify the Functional Limitation
Carpet free room		
Single (private) room i.e. Brain Injury Chronic Medical Condition (epilepsy, diabetes, chronic pain, autoimmune, migraines, etc.), Sleep Disorder (sleep apnea, sleep walking, sleep talking, severe snoring, night terrors, insomnia, etc.), eurodevelopmental Disorder (ADHD, Autism, Tourette’s, Tics, etc or other.		
Single (private) room i.e other reasons		
Washroom accommodation		
Elevator or ground level access		
Wheelchair accessible room		
Sensory Disability (hearing impairment, visual impairment) <ul style="list-style-type: none"> • Visual Fire Alarm 		
Mobility accommodation <ul style="list-style-type: none"> • What is the maximum amount of time the student can walk unassisted? • Does the student’s functional limitation make it impossible to take public transportation • Does the student require assistance in the event of an evacuation 		
Anaphylactic allergy		
Mental Health Disability (mood/anxiety disorder, bipolar affective disorder, PTSD, etc.)		
Assistance in event of an emergency evacuation		



Practitioner's Name (Please print): _____

Signature: _____ License/Registration Number: _____

Date _____

Phone: _____

OFFICE STAMP Physician – Family

Physician – Specialty: _____

Psychologist / Psychological Associate

Other Regulated Health Care Professional: _____



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