

Verification of Confidential Extenuating Circumstance

This form is to verify a confidential extenuating circumstance that temporarily limits a student's academic participation or ability to meet academic requirements.

Student Name: _____ Student Number: _____

Queen's Email: _____ Phone Number: _____

Section A: Authorization to Share Information - Completed by Student

I authorize the professional 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.

Impairment in Academic Functioning

Current impairment related to ongoing disability? Yes No

If yes, registered with Queen's Student Accessibility Services (QSAS) for disability? Yes No

If yes, do not complete this form. Send Letter of Accommodation to your instructor and contact QSAS, if needed.

Date of onset of impairment: _____

Anticipated duration of impairment (from date form completed):

< 1 wk 1 – 2 wks 2- 4 wks* 4 – 8 wks* 8- 12 wks*

*I would recommend academic advising to further understand academic options available? Yes No

This student may benefit from **academic accommodations** in order to complete quizzes/tests/exams (e.g., additional time during tests/exams, smaller classroom for writing tests/exams, washroom breaks, etc.) No Yes

If yes, and the student would like to access academic accommodations, the student understands they need to connect with Queen's Student Accessibility Services at qsas.intake@queensu.ca. _____ (Student Initials or N/A).

<input type="checkbox"/> Mild/ Moderate	<p>Due to health condition might require:</p> <p><input type="checkbox"/> Occasional absences from classes, labs, placement</p> <p><input type="checkbox"/> Extra time on assignments and/or thesis/dissertation obligation – to be negotiated with instructor</p> <p><input type="checkbox"/> Rescheduling or other consideration for timed evaluations (i.e., unable to write tests, quizzes, midterms, final exams)</p> <p>Consideration may also be required for: <input type="checkbox"/> In class participation <input type="checkbox"/> Group work</p> <p><input type="checkbox"/> Other: _____</p>
<input type="checkbox"/> Severe/ Serious	<p>Unable to fulfill all or most academic obligations.</p> <p>Anticipated date student can communicate with instructors to develop an academic plan:</p> <p><input type="checkbox"/> Date _____ OR <input type="checkbox"/> N/A (i.e., able to communicate now)</p> <p>Improvement to mild or moderate impairment is expected within:</p> <p><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</p>

Section C: Professional's Authorization - Completed by Professional

Name: _____ Profession / Position: _____

Signature: _____ Date: _____

Contact # or Email: _____ Department / Agency: _____

Information about the Verification of Confidential Extenuating Circumstance Form

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.

Where can students go for additional information and assistance?

If you require support while speaking with your instructor, you are welcome to contact your Faculty/School Office for assistance. If you would prefer to speak with someone outside of your Faculty/School, you can connect with Student Wellness Services at 613.533.2506.

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 (including students studying at BISC): Submit form to online portal. (<https://www.queensu.ca/artsci/accommodations>)
 - Engineering & Applied Science: Submit forms at <https://qfeas.it/accom>, for assistance email engineering.aac@queensu.ca
 - Nursing (BNSc): Submit form (email or hard copy) to Barb Bolton (Rm 113)
 - Education (B.Ed): Submit form (email or hard copy) to Alan Wilkinson (Rm A101a)
 - Commerce: Submit a *Request for Academic Consideration for Extenuating Circumstances* online on the Commerce Portal, under *Academic Consideration*. Submit this form (via email) to Commerce.AACC@queensu.ca. No hard copy forms accepted.
 - Law: Submit form to law.accommodations@queensu.ca.
 - Medicine: Submit form (email or hard copy) to the Learner Wellness Centre
 - Occupational Therapy: Submit form (email or hard copy) to your Program Assistant (ot.info@queensu.ca).
 - Physical Therapy: Submit form (email or hard copy) to your Program Assistant (programassistant.pt@queensu.ca).
 - Bachelor of Health Sciences: Submit form electronically (email only) to the Bachelor of Health Sciences Program Office (bhsc@queensu.ca)
 - Graduate Students: Submit 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.)
- Assess missed academic obligations and provide reasonable academic considerations, in good faith, while maintaining essential academic requirements and standards
- Assure students who are experiencing an extenuating circumstance that reasonable academic consideration will be implemented, as appropriate, while ensuring essential academic requirements are met

Who can complete this form?

- A student services support professional (e.g., Chaplain, Sexual Violence Prevention and Response Coordinator, Human Rights Office Advisor, etc.) or a health care provider at Student Wellness Services or in the community who is aware of your situation can complete this form.