

Queen's Student Accessibility Services

Queen's University
Côté Sharp Wellness Centre, Mitchell Hall
69 Union Street | Kingston, ON | K7L 3N6
613-533-2506
<https://www.queensu.ca/studentwellness/accessibility-services/>



Verification ATTENTION/ LEARNING/ NEURODIVERSITY

PART A – Student Information

STUDENT INFORMATION

Last Name: _____ Preferred/Given Name: _____
Date of Birth: _____ Student Number: _____
Queen's Net ID: _____ Phone Number: _____

DISCLOSURE & CONFIDENTIALITY

- Medical diagnosis is not required to receive accommodations.
- To recommend appropriate accommodations QSAS uses information about functional impacts (i.e., how your medical diagnosis might impact you at university).
- QSAS will hold all medical information confidentially. Information about medical diagnosis will not be shared without your express and written consent.
- All information on this form will be kept strictly confidential, even if consent to share medical diagnosis is not provided.

Do you consent to your medical diagnosis being identified on this form?

YES NO

Do you consent to having this form shared with Queen's Student Accessibility Services (QSAS)?

YES NO

Personal information is collected under the authority of the *Queen's University Royal Charter, 1841*, as amended, and will be used to provide disability-related services and accommodations for studies at university. Questions regarding the collection or use of this personal information should be directed to Manager, QSAS, 69 Union Street, Kingston, ON, K7L 3N6, (613) 533-2506, accessibility.services@queensu.ca

Poor Time Management				
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ACADEMIC IMPACTS

	N/A	Mild to Moderate	Serious to Severe	Comment
Attending Class				
Taking Notes				
Reading				
Writing Assignments				
Completing Exams				
Delivering Presentations				
Meeting Assignment Deadlines				
Participating in Group Activity				
Other				

COURSE LOAD

Would you recommend a Reduced Course Load for this student? YES NO

Additional Information on course load (if required)

HEALTH CARE PROFESSIONAL INFORMATION

Name (please print)	
Signature	
Date (DD, MM, YR)	
Specialty	
Registration/License No.	
Facility Name and Address (Use Official Stamp if Available)	
Phone	
Email	