



## Justice Institute of BC - Disability Services Disability Verification Form

This applicant is requesting disability-related supports and accommodations while studying at the Justice Institute of BC. Information on this form will be used to support the student's request for accommodations. Provision of all reasonable accommodations and services is assessed based on the current impact of the disability on academic performance. The student is required to provide documentation that is:

- Provided by a licensed health care professional, qualified in the appropriate specialty (a licensed psychologist, psychiatrist, or a family physician who has in depth knowledge of student's condition.
- Thorough enough to support the accommodations being considered or requested

NOTE: a diagnosis alone does not automatically mean that a disability-related accommodation is required.

**The following pages are to be completed by a qualified/regulated health care practitioner or physician.**

Please answer all questions. Please print clearly.

### Student/Applicant Information

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth (MM/DD/YYYY)</i>
<i>Date the student/applicant was first seen by you:</i>		
<i>Date of onset of permanent disability, is applicable:</i>		

### Permanence of Disability

- This disability is **permanent** with ongoing symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies and the permanent disability is expected to remain for their lifetime
  - Continuous
  - Episodic
  
- The disability is **temporary**. Indicate the estimated recovery date (MM/DD/YYYY) \_\_\_\_\_
  - Continuous
  - Episodic
  
- The student is being **monitored** to determine a diagnosis. Interim academic accommodations to be provided until:  
(MM/DD/YYYY) \_\_\_\_\_ (\*UPDATED documentation will be required after this date)

# Type of Disability

Select all that apply

- Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**

DSM Diagnosis

- Cognitive Impairment** (e.g., acquired brain injury, intellectual disability)

DSM Diagnosis

- Pervasive Developmental Disorder** (e.g., Autism, Asperger's, neurological)

DSM Diagnosis

- Hearing** (MUST provide a copy of most recent audiology report). Please indicate level of hearing loss in **each** ear:

	None	Mild	Moderate	Severe	Profound	
Left						<input type="checkbox"/> Uses aided hearing <input type="checkbox"/> Would benefit from amplification devices in an educational/vocational setting <input type="checkbox"/> <b>Even with aided hearing, the hearing loss interferes with learning, working, and/or activities of daily living</b>
Right						

- Mobility/Agility Impairment** (e.g., spinal cord injury, spina bifida, arthritis, soft issue injury)

Diagnosis

- Psychiatric or Psychological**

DSM Diagnosis

- Speech**

Diagnosis

- Visual** (MUST provide a copy of most recent visual acuity report)

- A visual acuity of 6/21 (20/70) or less in the better eye after correction
- A visual field of 20 degrees or less
- Any progressive eye disease with a prognosis of becoming one of the above in the next two years
- An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if the visual acuity is limited to 6/21 or less

- Other Permanent Disability / Chronic Health Impairment (specify)**

- Learning Disability**

- Qualifications of Assessor: I am a registered psychologist/psychologist associate with an expertise in diagnosing learning disabilities.
- Documentation: The assessment was completed on (MM/DD/YYYY): \_\_\_\_\_ . Assessment must be less than 3 years old, or completed at age 18 or older and less than 5 years old.
- Diagnosis: The learning disability assessment clearly states a diagnosis of a learning disability meeting the Diagnosis and Statistical Manual for Mental Illness (DSM), and describes the level of severity and the manner in which the disability significantly interferes with academic functioning (e.g. reading, writing, note taking, memorizing, test taking, etc.)

## Functional Impact in a Post-Secondary Setting

<b>Cognitive Skills/Abilities</b>	<b>No Impact</b>	<b>Mild Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Uncertain</b>
Concentration/Attention					
Long-term Memory					
Short-term Memory					
Executive Functioning: planning, organizing, problem solving, sequencing, time management					
Managing Internal Distractions					
Managing External Distractions (auditory or visual)					
Ability to meet Deadlines					
Judgement					
Regular and Timely Attendance					
Making and Keeping Appointments					
Stress Management					
Information Processing (Verbal)					
Information Processing (Written)					

### **Social/Emotional**

In-class and group work interactions					
Ability to perform class presentations					
Effectively read social cues					
Effectively manage emotions during routine academic interactions					
Ability to manage stress					

### **Physical Impacts**

Fatigue					
Standing					
Sitting					
Lifting					
Stair Climbing					
Ambulation (cane, wheelchair, walker, crutches)					
Grasping / Gripping / Dexterity					
Ability to access video during lecture					
Ability to use a computer					
See the blackboard/whiteboard/projector in a classroom					
See regular print (i.e., 12 pt font) on a computer screen or on paper					
Hear the professor in a classroom setting					
Hear other individuals in a small classroom setting					
Hear conversations in a setting with background noise					

**Additional comments on any of the severe or moderate functional impact:**

## Severity and Prognosis

Explain the severity and prognosis of each medical diagnosis

Severity:

Prognosis:

## Medications

Is the student taking any prescription medication?

Yes

No

Please describe any side effects that may affect participation in an educational environment

Do symptoms/limitations persist even with medications? If yes, please describe.

## Suggested Supports (must be related to permanent disability in an educational setting)

This person would benefit from taking a reduced course load. Maximum course load recommended:

60%

40%

Other \_\_\_\_\_

This person would benefit from **supports** in order to fully participate in post-secondary studies. Please specify:

This person would benefit from **assistive technology or equipment** such as a computer or laptop, digital recorder, FM system, braille reader, specialized software, etc. in order to full participate in post-secondary studies. Please specify:

## Medical Assessor Information

<i>Full Name</i>		<i>Telephone</i>		<i>Fax</i>	
<i>Specialty (Please indicate all that apply)</i> <input type="checkbox"/> Audiologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Family Physician		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Registered Psychologist <input type="checkbox"/> Other (please specify)			
<i>Address</i>			<i>City/Town</i>		<i>Province</i> <i>Postal Code</i>
<i>Signature</i>		<i>Date (MM/DD/YYYY)</i>		<i>Official Stamp of Facility</i>	
<i>Registration Certificate or License Number</i>					