



REQUEST for VERIFICATION OF A PERMANENT DISABILITY

To the qualified medical practitioner:

Your patient, \_\_\_\_\_ D.O.B: \_\_\_\_\_

asks you to provide information required below to access equitable educational opportunity:

\_\_\_\_\_  
(Signature of Patient/SaskPolytechnic Applicant) (Date Signed)  
\_\_\_\_\_  
Program at SaskPolytechnic

NOTE: If you are a SCBScN student this verification form is transferable between Saskatchewan Polytechnic and the University of Regina.

1. \_\_\_\_\_  
(Yes or No) Does this person have a diagnosed physical or mental condition that is considered a permanent disability because it restricts the activities of daily living? Confirmation of this is required to be eligible for a reserved equity seat in a program. A permanent disability is "a functional limitation caused by a physical or mental impairment that restricts the ability of the student to perform the daily activities necessary to participate fully in studies at the post-secondary level and the labour force and is expected to remain with the person for the person's expected life". www.CanLearn.ca

2. If "yes",  
What is the specific diagnosis or disorder?  
\_\_\_\_\_  
Note: A learning disability must be diagnosed by a Registered Psychologist (APE – Authorized Practice Endorsement).

3. \_\_\_\_\_  
(Yes or No) Does the disability cause functional limitations that may restrict full participation in the following SaskPolytechnic program? \_\_\_\_\_

Successful participation in this program requires...  
A. Attendance: \_\_\_\_\_ approximately 8 a.m. to 4 p.m. daily with 2-4 hours of study each evening \_\_\_\_\_  
B. Physical demands: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Functional limitations of a permanent disability must be specified below to be eligible for reasonable accommodations in a program of studies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Medical Practitioner) (Signature of Medical Practitioner) (Date Signed)