Accessibility Services

saskpolytech.ca/accessibility



Fax 306-659-4133

Verification of Disability Request Form

To the licensed health care professional: This form will be used to assist in determining eligibility for academic accommodations, support services, and financial supports for studies at Saskatchewan Polytechnic. Please note that Specific Learning Disorders/Disabilities and Intellectual Disabilities must be diagnosed by a Registered Psychologist with an Authorized Practice Endorsement.

Forms containing incomplete information or diagnosis will not be processed.

To be completed b	y the student:		
Name:		D.O.B.: (DD/N	1M/YY):
Email:		Phone:	
Student Consent t	o Release Information:		
provide the following required, to supply a	, auth information to Accessibility dditional disability related in echnic to contact the license my studies.	Services at Saskatchew formation. I authorize Ac	an Polytechnic and, if cessibility Services at
Student Signature		Date	
Please contact Acces	ssibility Services should you	have any questions or o	concerns:
Moose Jaw Campus Room 2.203 Ph 306-691-8311	Prince Albert Campus Room F203 Ph 306-765-1611	Regina Campus Room 228 Ph 306-775-7436	Saskatoon Campus Room 114 Ph 306-659-4050



Fax 306-691-8583

Fax 306-691-8583

as.forms@saskpolytech.ca

Fax 306-775-7700

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To be completed by the licensed health care professional:

The following criteria must be met to qualify for supports through Accessibility Services: The student experiences functional limitation(s) and the functional limitation(s) negatively impact the student's academic functioning.

Limitations may be the result of: physical / visual / auditory / intellectual / learning / neurological / mental health / or chronic illness disabilities.

Diagnosis: (if mental health condition use DSM	/I nomenclature e.ç	g., MDD, GAD.)
1. ☐ Mild ☐ Moderate ☐ Severe		Diagnosis Date (dd/mm/yy)
2.		Diagnosis Date (dd/mm/yy)
Status:		
☐ Permanent disability: *means any impairr person to perform the daily activities necess person for the person's expected life.		
☐ Continuous presentation creating☐ Episodic presentation	g ongoing limitation	n
□ Persistent or prolonged disability: *me ability of a person to perform the daily activitie to last, for a period of at least 12 months but i expected life.	es necessary for full	participation and has lasted, or is expecte
\square Temporary disability, illness, or injury:	*maximum one cale	endar year
Is this patient currently under your care?	□ Yes	□ No
How long have you been treating this patient?		
Please check ALL of the following areas that ar condition and provide additional specific inform	• • •	•
Walking/Standing Sitting Chronic Pain Sleep / Fatigue Lifting / Carrying / Reaching Other:	Memory Learning Interpersor	Concentration/Focus nal Skills / Stress Management

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	ing supports	and accommodation	s for this student:
Is this student capable of sustaining ty condition?	pical acaden	nic stress with approp	oriate supports in their current
□ Yes □ N	0		
If NO, please provide further explanation	on:		
Lisamand Haalth Oans Bustansia		-4!	
Licensed Health Care Professio	nal Informa	ation:	
Licensed Health Care Professio	nal Informa	ation:	
		Telephone	Fax
Printed name of practitioner			Fax Postal Code
Printed name of practitioner	City/Town	Telephone	
Printed name of practitioner Street Address Signature of practitioner	City/Town Licens	Telephone Province se Number	Postal Code
Printed name of practitioner Street Address	City/Town Licens	Telephone Province se Number t available):	Postal Code

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