ACCESSIBILITY SERVICES

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.

To be completed by the student:

Name:_____ D.O.B.: (DD/MM/YY): _____

Phone:_____ Email: _____

Program:_____Campus: _____

Student Consent to Release Information:

I,_____, authorize the qualified medical practitioner to provide the following information to Accessibility Services at Saskatchewan Polytechnic and, if required, to supply additional disability related information. I authorize Accessibility Services at Saskatchewan Polytechnic to contact the licensed health care professional to discuss accommodations for my studies.

_____ _____
Student Signature Date

Please contact Accessibility Services should you have any questions or concerns:

Moose Jaw Campus	Prince Albert Campus	Regina Campus	Saskatoon Campus
Room 2.203	Room F203	Room 228	Room 114
PH 306-691-8311	PH 306-765-1611	PH 306-775-7436	PH 306-659-4050
Fax 306-691-8583	Fax 306-691-8583	Fax 306-775-7700	Fax 306-659-4133

Email to: as.forms@saskpolytech.ca

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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.

Forms containing incomplete information or diagnosis will not be processed.

Diagnosis or, if mental health condition, DSM nomenclature. For example, MDD, GAD

1. _____ Diagnosis Date (dd/mm/yy) _____
   ☐ Mild ☐ Moderate ☐ Severe

2. _____ Diagnosis Date (dd/mm/yy) _____
   ☐ Mild ☐ Moderate ☐ Severe

Status

☐ Permanent disability: *means any impairment or a functional limitation that restricts the ability of a person to perform the daily activities necessary for full participation and is expected to remain with the person for the person's expected life.

- ☐ Continuous presentation creating ongoing limitation
- ☐ Episodic presentation

☐ Persistent or prolonged disability: *means any impairment or a functional limitation that restricts the ability of a person to perform the daily activities necessary for full participation and has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for the person's expected life.

☐ Temporary disability, illness, or injury *maximum one academic 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 are negatively impacted by the student's disability or condition and provide additional specific information when available:

_____Walking/standing
_____Sitting
_____Chronic pain
_____Sleep/fatigue
_____Lifting/carrying/reaching
_____Attention/Concentration/Focus
_____Memory
_____Learning
_____Interpersonal skills
_____Emotional/Stress management

Other_____

ACCESSIBILITY SERVICES

Additional information related to providing supports and accommodations for this student:

_____

_____

Is the student capable of sustaining typical academic stress with appropriate supports in their current condition?

☐ Yes ☐ No If NO, please provide further explanation:

Licensed Health Care Professional Information:

Printed name of practitioner	Telephone	Fax

Street Address	City/Town	Province	Postal Code

Signature of practitioner	License Number	Date signed

Professional stamp (attach business card when not available):

Professional Designation of Certified Assessor:

☐ Physician	☐ Ophthalmologist / Optometrist
☐ Neurologist	☐ Psychologist
☐ Audiologist	☐ Psychiatrist
☐ Neuropsychologist	☐ Other (please specify):
☐ PT / OT	