



CENTRE FOR STUDENT ACCESSIBILITY

Dr. William Riddell Centre
Regina, Saskatchewan, Canada S4S 0A2
Phone: 306-585-4631 Fax: 306-585-5650
accessibility@uregina.ca www.uregina.ca/student/accessibility

CONFIDENTIAL DIAGNOSTIC VERIFICATION FORM

Academic accommodations are provided by the University of Regina for students with short-term and permanent disabilities. Students receive accommodations based on documentation received from a licensed health care practitioner. A student with a learning disability receives accommodations based on a psycho-educational assessment completed by a registered psychologist, rather than this form.

Completed forms may be returned to the University of Regina’s Centre for Student Accessibility (CSA) by fax (306-585-5650), mail, or in person

STUDENT INFORMATION

Last Name	First Name	UofR Student ID Number: 			
Address	City/Town	Province	Postal Code		
Primary Telephone	E-mail	Date of Birth Day Month Year 			

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of the information on this form to the Centre for Student Accessibility (CSA) and for CSA to contact the practitioner who has completed this form.

Student Signature	Date
Witness Signature	Witness Printed Name

Please note: your diagnosis will not be shared with anyone outside of the CSA unless required by law.

STUDENT DECLARATION OF LIMITATIONS & RESTRICTIONS (TO BE COMPLETED BY ABOVE NAMED STUDENT)

Describe any restrictions or barriers you experience in your ability to perform daily activities related to post-secondary studies.

THE REMAINDER OF THE FORM MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

MEDICAL ASSESSMENT INFORMATION
Forms containing incomplete information will not be processed.

DISABILITY INFORMATION (TO BE COMPLETED BY A QUALIFIED PROFESSIONAL LICENSED TO DIAGNOSE)

Diagnosis		Diagnosis Date Day Month Year 	
Status <input type="checkbox"/> Permanent disability* <input type="checkbox"/> continuous presentation creating ongoing limitation <input type="checkbox"/> episodic presentation * A permanent disability is a functional limitation which restricts the individual's ability to perform daily activities necessary for full participation, and is expected to remain with the person for the course of their lifetime.		<input type="checkbox"/> Temporary disability, illness or injury Support Period (required) <input type="checkbox"/> Term ending December 31 <input type="checkbox"/> Term ending April 30 <input type="checkbox"/> Term ending August 31 <input type="checkbox"/> Other _____	
How long have you been treating this patient?		Is the patient currently under your care? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSED HEALTH CARE PROFESSIONAL INFORMATION

Last Name		First Name		Telephone		Fax			
Street Address				City/Town		Province		Postal Code	
Professional Stamp				Professional Designation of Certified Assessor:					
				<input type="checkbox"/> Physician <input type="checkbox"/> Neurologist <input type="checkbox"/> Audiologist <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> PT/OT		<input type="checkbox"/> Ophthalmologist/Optomtrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other (please specify): _____			
Signature				License Number		Date			

FUNCTIONAL ASSESSMENT

Disability-related functional impact on participation in post-secondary activities

Functional Area	No impact	Mild impact	Moderate impact	Severe impact	Unknown
Concentration					
Memory					
Attention					
Stress management					
Organization					
Social interaction					
Sleeping					
Self-care					
Writing/Note taking					
Testing situations					
Attendance					
Other:					

Academic Accommodations

Recommended accommodations will be taken into consideration when developing a student accommodation plan that is both disability and learning environment appropriate. **Please initial** those accommodations you feel would ensure access to an equitable learning environment for the student based on their disability-related needs.

- _____ peer note-taker (volunteer service)
- _____ audio-recording lectures (to be done by student)
- _____ may need to negotiate extensions for assignments
- _____ hearing impaired student (student may need to consult with the Saskatchewan Deaf and Hard of Hearing Association)
- _____ visually impaired student (student may need to consult the Canadian National Institute for the Blind)

Exam Accommodations

- _____ extended time time and a half double time other _____
- _____ quiet exam space
- _____ day of rest between final exams (scheduled >2hrs in length)
- _____ use of a computer with assistive technology
- _____ reader
- _____ scribe
- _____ ergonomic work station (disability-related)

IS THE STUDENT CAPABLE OF SUSTAINING TYPICAL ACADEMIC STRESS WITH APPROPRIATE SUPPORTS IN THEIR CURRENT CONDITION?

- Yes**
- No**

IF NO, PLEASE PROVIDE FURTHER EXPLANATION:

Please contact the Centre for Student Accessibility should you have questions or concerns:

University of Regina
Riddell Centre 251

tel 306-585-4631
email accessibility@uregina.ca
web www.uregina.ca/student/accessibility