Medical Report for Academic Accommodations and Services
Accessible Learning Services

The information reported on this form will help Accessible Learning Services determine eligibility for academic accommodations and support services at Humber College/University of Guelph-Humber.

Information collected via this form is confidential.

TO ENSURE RECORD ACCURACY, PLEASE PRINT CLEARLY

TO BE COMPLETED BY THE STUDENT:

Name:_____ Student # _____ Date of Birth: _____
(First) (Last) Day / Month / Year

Address: _____
(Street and Number) (City, Province) (Postal Code)

Phone: _____-_____-_____ Email: _____

STUDENT CONSENT TO RELEASE OF INFORMATION

I, _____, hereby authorize my health care practitioner to provide the following information to Accessible Learning Services. I understand that it is my responsibility to pay for the cost of this documentation, if required.

_____ _____
Student Signature Date

TO BE COMPLETED BY STUDENT AND REGULATED HEALTH PROFESSIONAL
OPTIONAL STUDENT CONSENT TO DISCLOSURE OF DISABILITY TYPE

Please note that in accordance with the *Ontario Human Rights Code*, disclosure of a specific diagnosis is **NOT** required to access academic accommodations. However, disclosure of a diagnosis or disability type may help ALS better understand a student's needs.

→ **To be completed by the Regulated Health Professional:**

Disability type:

☐ Mobility Impairment	☐ Deaf, Deafened, Hard of Hearing
☐ Visual Impairment	☐ Mental Health Disability
☐ Autism Spectrum Disorder	☐ Attention Deficit Hyperactivity Disorder (ADHD)
☐ Medical Disability	☐ Student chooses not to disclose disability type to ALS
☐ Acquired Brain Injury	☐ Other (specify) :

TO BE COMPLETED BY THE REGULATED HEALTH PROFESSIONAL

The following criteria must be met when determining disability:

1. The student experiences functional limitation(s)
2. The functional limitation(s) impairs the student's academic functioning at the post-secondary level

- In your opinion, does this person have a disability?
  ☐Yes ☐ No ☐ Unsure

- If yes, is the disability:
  ☐ **Permanent**
  ☐ **Persistent or Prolonged** Anticipated date of recovery Day _____ Month _____ Year _____
  ☐ **In process of being assessed**

SKILLS AND ABILITIES - FUNCTIONAL IMPACT					
DEGREE OF IMPACT →	**NONE**	**MILD**	**MODERATE**	**SEVERE**	**UNKNOWN**
COGNITIVE					
Attention / concentration					
Long-term memory					
Short-term memory					
Executive functioning					
Information processing					
Time management					
Ability to manage distractions					
Judgement – anticipating the impact of one's behaviour on self and others					
PHYSICAL					
Attendance / absence from class					
Chronic pain					
Stamina (consider fatigue and lethargy)					
Mobility					
Gross motor					
Fine motor					
Ability to sit for a sustained period of time					
Ability to stand for a sustained period of time					
SENSORY					
Vision (best corrected)					
Hearing (best corrected)					
Speech					
Touch					
SOCIAL/EMOTIONAL					
Control emotions during routine academic interactions					
Work effectively in group work situations					
Ability to deliver class presentations					
Reading social cues					
Ability to manage academic stress					
OTHER - Please indicate any additional functional limitations including the (side) effects of medication. If more space is required, please attach.					

Comments

Please provide additional comments or elaboration.

Verification by Regulated Health Professional

Type of practitioner:
□ Physician □ Psychologist
□ Psychiatrist □ Other _____

I certify that this person has been a regular patient of mine for:
10+ years 5-10 years 2-5 years Less than 2 years Walk-in / first visit

Practitioner's Name: _____ Date: _____
(Please Print) Day / Month / Year

_____ _____
Signature License /Registration #

Address: _____
(Street and Number) (City, Province) (Postal Code)

Business Stamp:	_____ TELEPHONE # _____ FAX #

Please address questions or concerns to Humber College, Accessible Learning Services:
North, Guelph-Humber, and Carrier Drive 416-675-5090; Lakeshore Campus
416-675-6622 ext.3331