



The Learning Centre - Accessibility Services
Classroom Building Rooms 114A, 115, 124A
14500 Bannister Road SE
Calgary, AB, Canada T2X 1Z4
Phone: 403 254-3704
access@stmu.ca

Students: Please be aware that you are responsible for any fees associated with completing this form.

St. Mary's University Accessibility Services Documentation of Disability Form

This form is intended for students who are in the process of registering with Accessibility Services via the Learning Centre at St. Mary's University and do not have adequate documentation of their disability. St. Mary's University recognizes that students with a disability may require supports such as academic accommodations to access an equitable level of learning. In order to determine eligibility for services, students are responsible for providing documentation to Accessibility Services which describes the impact their disability has on post-secondary studies.

The information provided will **not** become part of the student's educational record. It will be kept in the student's confidential file with Accessibility Services. Please note that the student may request to see this form and may request its release to government funding agencies, amongst others.

Notice Regarding Collection, Use, and Disclosure of Personal Information:

St. Mary's University is committed to protecting the privacy of individuals who work and study at the University or who otherwise interact with the University. The information requested on this form is collected under the authority of the Personal Information Protection Act of Alberta (PIPA) and is required to determine and advise on appropriate accommodation. If you have any questions about the collection or use of this information, please contact the Academic Access Coordinator at access@stmu.ca or 403 254-3704.

Confirmation of Need for Accommodations

To determine accommodations, Accessibility Services requires information on functional limitations. A diagnosis of disability, medical condition, or disorder alone is not sufficient to be eligible for accommodations and other supports. The learning environment must be sufficiently inaccessible such that the student's ability to perform tasks requires to achieve their educational goals to their potential is negatively impacted.

If students require government funding for support services and assistive technology, a diagnosis is required for funding eligibility. This page (p.1) does not need to be returned.



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To Be Completed by Student (please print):

| | | |
|--|--------------------|--------------------------|
| Student Legal name (please indicate preferred name if different): | Date of Birth: | St. Mary's Student ID #: |
| By signing below, I authorize the below-named professional to release this completed form to Accessibility Services at St. Mary's University. I understand that this information will be kept in my confidential file within Accessibility Services and will not be shared with any other individual (or department at St. Mary's University) without my explicit consent. | | |
| Date: | Student Signature: | |

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To Be Completed By Licensed Medical Professional (please print):

| | | |
|--|--------------------------------|--------------------------|
| Professional's Name (please print): | Professional's Signature: | Date form was completed: |
| Address: | | Phone: |
| Professional's credentials (i.e., MD, FRCPC, RP, etc): | Office Stamp or Business Card: | |

When did you start working with this student? _____

Confirmation of Need for Supports

For each diagnosis or unspecified disability below, please indicate whether the diagnosed condition is permanent, temporary, or unknown. If multiple diagnoses exist, please indicate which condition you consider to be the student's Primary disability.

Permanent Disability: On-going (chronic or episodic) symptoms that will significantly impact the student over the course of their academic career and is expected to remain for their natural life.

Temporary Disability: A disability that affects the student for a short period of time resulting in eventual recovery

To Be Determined: I am in the process of monitoring and assessing the student's health condition in order to determine a diagnosis

| |
|--|
| <p>Diagnosis 1 (primary): _____</p> <p>Please check one:</p> <p>Permanent</p> <p>Temporary anticipated duration from _____ to _____</p> <p>To Be Determined assessment likely to be completed by _____</p> <p>If the above diagnosis is psychiatric, is this a DSM diagnosis? Yes</p> |
| <p>Diagnosis 2: _____</p> <p>Please check one:</p> <p>Permanent</p> <p>Temporary anticipated duration from _____ to _____</p> <p>To Be Determined assessment likely to be completed by _____</p> <p>If the above diagnosis is psychiatric, is this a DSM diagnosis? Yes</p> |
| <p>Diagnosis 3: _____</p> <p>Please check one:</p> <p>Permanent</p> <p>Temporary anticipated duration from _____ to _____</p> <p>To Be Determined assessment likely to be completed by _____</p> <p>If the above diagnosis is psychiatric, is this a DSM diagnosis? Yes</p> |

Functional Limitations

Please indicate the level of impact of the disability or disabilities on the student’s academic activities listed below. Check all that apply.

Mild: Mild functional limitations are evident in this area. The student should be able to cope on their own or with minimal supports.

Moderate: The student requires some degree of academic accommodation as symptoms are more prominent. Typically, the student has a difficult time coping on their own.

Serious: The student has a high degree of impairment. Significant academic accommodations may be required as symptoms significantly interfere with the listed task.

| Activity | No Impact | Mild Impact | Moderate Impact | Serious Impact | Unknown |
|-------------------------------------|-----------|-------------|-----------------|----------------|---------|
| Concentration | | | | | |
| Memory | | | | | |
| Submitting assignments on time | | | | | |
| Class attendance | | | | | |
| Making and keeping appointments | | | | | |
| Organization | | | | | |
| Time management | | | | | |
| Social participation in group work | | | | | |
| Participation in class | | | | | |
| Speaking or presenting in public | | | | | |
| Managing internal distractions | | | | | |
| Managing external distractions | | | | | |
| Managing stress | | | | | |
| Fatigue | | | | | |
| Reading | | | | | |
| Writing | | | | | |
| Writing multiple choice exams | | | | | |
| Writing long answer exams | | | | | |
| Completing exams in a timely manner | | | | | |
| Taking notes in class | | | | | |
| Other (please identify): | | | | | |
| Other (please identify): | | | | | |

Is the student currently taking medication(s) for these symptoms? Yes No

If YES, please describe any side effects the student has reported which may also impact the student's academic performance:

If YES, do functional limitations persist even with medication? Yes No Unsure

Using the student's functional limitations identified on the previous page, what supports or accommodations can be used to reduce the impact of the functional limitations on the student:

| Limitation identified on previous page: (e.g., difficulty managing external distraction) | Recommended support(s) that can reduce the impact of the limitation on the student in an educational setting: (e.g., write exams in a distraction-reduced environment, use of a noise cancelling headset) |
|--|---|
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Additional comments:

Thank you for your support and reflection. If you have any questions, concerns, or would like to make any elaborations, additions, or changes to this form, please contact Accessibility Services at access@stmu.ca or 403 254-3704.

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