

CONFIDENTIAL ONCE COMPLETED

CONFIRMATION OF NEED FOR ACCESSIBILITY SERVICES

Booth UC Student Services Office provides academic accommodations for students with permanent or temporary disabilities/medical conditions based on documentation received from an appropriate professional. Documentation must be dated within the past 3 years to be considered.

Learning Disabilities – provide documentation based on a psycho-educational assessment by a registered psychologist. Documentation for learning disabilities should be based on adult assessment.

- **Chronic or Temporary Physical Health Disabilities** provide documentation by the appropriate physician or specialist.
- Mental Health Disabilities (including ADHD) provide documentation by a psychologist or psychiatrist.

Other Medical Conditions

Completed form to be forwarded to the Dean of Students by mail/fax to the address/number at the bottom of the page.

Part 1: Student Information (to be completed by student)

Last Name	First Name	Program		
Address		City/Town	Prov/State	Postal/Zip Code
Telephone		Email		

Student Authorization for Release of Medical Information

I hereby authorize the information on this form to be released to the Dean of Students at Booth University College

Student Signature	Date

Part 2: Diagnosis (to be completed by the Assessor)

Diagnosis	Date diagnosed or when symptoms first appeared
Secondary Diagnosis	Date diagnosed or when symptoms first appeared
Type of Disability Permanent Chronic Temporary	If a temporary disability , date of anticipated recovery
Needs to be reassessed periodically	If needing to be reassessed periodically , specify frequency:

Impact of Disability on the Following Activities (Please check all that apply)

	Impact Level					
Activities	None	Mild	Moderate	Severe	Uncertain	
Concentration						
Memory						
Social Interaction						
Managing Internal Distractions						
Managing External Distractions						
Timely Completion of Tasks						
Regular and Timely Attendance						
Making and Keeping Appointment						
Stress Management						
Writing						
Notetaking						
Examinations/Evaluative Situation						
Others:						
Others:						

Medications

Is the student currently taking medication for their illness/symptoms?	٦	No	Yes
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If yes, please describe any effects or side effects that may impact the student's ability to complete academic activities:

If yes, do limitations/symptoms persist even with medication? 🔲 No 🔲 Yes
Please describe:

Recommended Accommodations (please check all that apply)

	Time extensions for assignments, tests, exams
	Number of exams limited to one per day
	Separate, quiet space for writing tests, exams
	Use of Booth UC Accessibility laptop computer for writing tests, exams
	Use of Booth UC Accessibility speech to text software (Dragon Naturally Speaking) for writing exams
	Volunteer note taker request
	Audio record lecture; may request lecturer notes/ppt
	Alternate format (e.g. pdf) of course texts
	Extended Academic Learning Centre supports (i.e. more that 2 appointments per week)
	Other – Booth UC will provide specialized accommodations based on documented need and approval from the Dean of Students. Please provide a brief description of specialized accommodations required. A meeting with the Dean of Students is required prior to approval:
Comme	nts:

Occupation of Certifying Assessor						
Physician	Psychologist	Psychiatrist	Neurologist			
Neuropsychologist	🔲 Other (P	lease specify):				

Certifying Assessor Information

Last Name	First Name	Telephone No: ()		
		Fax No.: ()		
Address		City/Town	Prov/State	Postal/Zip Code
Signature		Date		

The personal information collected by the Dean of Students will be used to aid in assessing appropriate academic accommodations for the student registered with Student Services of Booth University College

If you have any question about the collection of personal information, please contact our Privacy Officer at privacy@boothuc.ca, call 947-6701, or check out our website at www.boothUC.ca