BOOTH UNIVERSITY COLLEGE

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 ☐ Needs to be reassessed periodically	If a **temporary disability**, date of anticipated recovery _____ If **needing to be reassessed periodically**, specify frequency: _____

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

Activities	***Impact Level***				
	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? ☐ No ☐ Yes

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)*

- ☐ May miss class from time to time (disability symptoms prevent student from attending every class)
- ☐ Time extensions for assignments, tests, exams
- ☐ Number of exams limited to _____ per day
- ☐ Separate, quiet space for writing tests, exams
- ☐ Accessible classroom
- ☐ Use of laptop computer for writing tests, exams
- ☐ Use of speech to text software (Dragon Naturally Speaking) for writing tests, exams
- ☐ Volunteer note taker
- ☐ Audio record lecture; may request lecturer notes/ppt
- ☐ Alternate format (e.g. pdf) of course texts
- ☐ Extended Academic Learning Centre supports
- ☐ Other (please explain): _____

Comments:

_____

_____

_____

_____

Occupation of Certifying Assessor

☐ Physician ☐ Psychologist ☐ Psychiatrist ☐ Neurologist

☐ Neuropsychologist ☐ Other (Please 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