

DOCUMENTATION OF DISABILITY AND RECOMMENDATIONS

MacEwan University policy requires that students who are seeking academic accommodations, due to a diagnosed condition, provide relevant documentation to Access and Disability Resource (ADR).

Students must also complete the **ADR INTAKE & CONSENT FORMS**. Students email myaccess@macewan.ca to request forms

TO BE COMPLETED BY A LICENCED MEDICAL PROFESSIONAL.

DETAILED INFORMATION WILL HELP FACILITATE APPROPRIATE ACCOMMODATIONS, SERVICES AND FUNDING.

Student Name: _____

Date of Birth: _____

Is there a **Diagnosis** of Disability or Medical Condition: ☐ Yes ☐ No ☐ Under Investigation

If Yes, the Diagnosis is: ☐ Permanent ☐ Prolonged ☐ Temporary: Valid until _____, 20____

How long have you known/treated the student? _____

Diagnosis (recommended) and Description of Functional Effects (required) To qualify for Canada Student Grant for Permanent Disability funding (see Page 2), diagnosis is required **AND** DSM nomenclature is required if diagnosis is psychological.

Description of how the diagnosis was made. Must include brief history, sources of information (may include years you have known individual), differential diagnostic considerations, and confirmation that all diagnostic criteria met.

What specific aspects of a typical university experience will likely create barriers to the student meeting course requirements, given the disability and/or medication side effects. As examples, barriers may occur within lecture note taking, study, exam, assignment, field or clinical placements, or course load expectations.

Recommendations for resources, supports, and accommodations to remove barriers to learning. **MAY INCLUDE:** access to course materials; supports for learning; additional time; disability-related absence; course load; learning/assessment and environment; and or psychological/medical needs.

Medical Professional's Name and Credentials (PLEASE PRINT)

Medical Professional's Address

Medical Professional's Signature

Date

Medical Professional's Telephone Number

YOU CAN RETURN THIS FORM TO:

Access and Disability Resources
MacEwan University, City Centre Campus
Room 7-166 10700 - 104 Avenue NW
Edmonton, AB T5J 4S2

Phone: 780- 497- 5886
Fax: 780- 497- 4018
Email: myaccess@macewan.ca

Privacy Notification Statement: The personal information in this form may be disclosed by a Custodian under the Health Information Act, s.35 (1) (b), and is collected by MacEwan under the FOIP Act, s.33(c)

For questions, contact MacEwan's Privacy Lead at privacy@macewan.ca or by phone at (780) 497-5423 .

Documentation Requirement Details

To qualify for the Canada Student Grant for Students with Permanent Disabilities, documentation of disability must confirm that the disability is **permanent** (is expected to remain with the person for the person's expected life) and meet the following requirements depending on the nature of the disability:

Type of Disability	Documentation Required	Additional Notes
Deafness, Hearing Loss	<ul style="list-style-type: none"> Audiologist report or Letter/form from a physician with an explanation of the degree of hearing loss 	<ul style="list-style-type: none"> Must describe degree of hearing loss (mild, moderate, severe, profound). Recommendation for hearing aids and/or amplification system
Blindness, Vision loss or Vision impairment	<ul style="list-style-type: none"> Report from vision specialist including Ophthalmologist, Optometrist or Orthoptist or Letter/form from physician with a detailed description of the functional limitation 	<ul style="list-style-type: none"> Must describe the relevant functional issues including, but not limited to, the following: acuity, visual field, stamina, effects of progressive condition. A copy of a CNIB card is not sufficient as this does not explain the degree of impairment and or functional effects.
Learning Disability	<ul style="list-style-type: none"> Psycho-educational report completed by a Registered Psychologist Neuro-psychological assessment report A physician's diagnosis is not acceptable 	<ul style="list-style-type: none"> Must be no older than 5 years, if completed before the age of 18, and must reflect current functioning Must confirm a diagnosis of at least one learning disability.
Speech	<ul style="list-style-type: none"> Speech language pathologist report 	<ul style="list-style-type: none"> Provide diagnosis/functional limitations
Mobility	<ul style="list-style-type: none"> Report from a relevant medical specialist Letter/form from physician with detailed description of disability and functional limitations 	<ul style="list-style-type: none"> Must provide the diagnosis of disability A functional assessment is ideal, as this would describe the degree of functional limitation and appropriate supports, but may be difficult to get.
Attention Deficit/Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> Psychological Assessment report completed by a Registered Psychologist Neuro-psychological assessment report Letter or form completed by psychiatrist Letter or form completed by a physician with details about the diagnosis 	<ul style="list-style-type: none"> Details from a physician to include a description of how the diagnosis was arrived at, demonstrating childhood history if available, differential diagnosis, etc.
Psychiatric or Psychological	<ul style="list-style-type: none"> Psychologist's report Letter or report from psychiatrist Letter /form from physician with details about how they reached the diagnosis 	<ul style="list-style-type: none"> Must include a specific diagnosis from the current DSM, and explain functional limitations and history.
Autism, Asperger's, Rett	<ul style="list-style-type: none"> Psychologist's report Psychiatrist's report, letter or form 	<ul style="list-style-type: none"> Must include specific diagnosis and description of functional effects
Brain Injury or Neurological condition	Report completed by one or more of the following: <ul style="list-style-type: none"> Neurologist Physiatrist Neuro-psychologist Psychiatrist Physician 	<ul style="list-style-type: none"> Must confirm the specific diagnosis (e.g. traumatic brain injury, brain tumor, epilepsy, multiple sclerosis, stroke, etc.), and details regarding the functional effects
Other Permanent Disability	<ul style="list-style-type: none"> Report or form completed by qualified specialist for the diagnosed condition 	<ul style="list-style-type: none"> Must include diagnosis and functional effects
Chronic Fatigue or any other Chronic Medical condition	<ul style="list-style-type: none"> Detailed letter/form from physician 	<ul style="list-style-type: none"> Must include diagnosis and functional effects
Irlen's Syndrome	<ul style="list-style-type: none"> Assessment report from certified Irlen screener 	<ul style="list-style-type: none"> Must include diagnosis and functional effects