

Dear Health Care Professional,

A patient of yours is enrolled in a program at Durham College and has requested accommodations and/or supports from the Access and Support Centre.

In order to receive accommodations and support, students who have a medical diagnosis that may impact their academic participation must provide sufficient current documentation to verify the diagnosis, and the specific impact of the diagnosis on academic performance. Documentation must come from a practitioner who is certified in the specific area(s) of the student's diagnosis.

Please find attached our Medical Form, which we are requesting you complete on behalf of the student. If a student is planning to apply for OSAP, we will accept a completed OSAP Disability Verification Form for the current year, as an alternative to this document.

If you have any questions or concerns regarding this request, please contact our office and we would be happy to assist.

Thank you in advance for your time and support.

Access and Support Centre
Durham College
2000 Simcoe Street North
Oshawa, ON L1G 0C5
T: 905-721-2000 ext. 3123
F: 905-721-3224
asc@durhamcollege.ca

For more information or to request alternate formats of this form for accessibility, please contact asc@durhamcollege.ca

Please note that this form cannot be used for a Learning Disability diagnosis: a psychoeducational assessment report is required.

PART 1: STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Banner Number: _____

PART 2: DOCUMENTATION TO VERIFY DIAGNOSIS

This section must be completed by the accredited diagnosing health professional, such as a Physician, Neurologist, Audiologist, Ophthalmologist, Psychologist, Psychiatrist, or other medical specialist who is authorized to provide a clinical diagnosis.

Please identify this client's diagnosis:

____ Attention Deficit Hyperactivity Disorder ____ Autism Spectrum Disorder

____ Acquired Brain Injury ____ Blind/Low Vision

____ Deaf/Hard of Hearing ____ Medical/Chronic Illness

____ Mobility/Functional Impairment ____ Mental Health

____ Borderline Intellectual Functioning/Mild Intellectual Delay

____ Other: _____

Please select one of the following statements that apply to the student's disability in the current academic setting:

____ **Permanent exceptionality status:** a permanent exceptionality is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

____ **Persistent or Prolonged (PPD) exceptionality status:** a persistent or prolonged exceptionality is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- has lasted, or is expected to last, for a period of at least 12 months, but is not expected to remain with the student for their expected life.

Student's Name: _____ Banner Number: _____

____ **Temporary:** is defined as any impairment, including a physical, mental, intellectual, cognitive, learning communication or sensory impairment-or a functional limitation-that is expected to be short lived and not impacting the student for the duration of the student's academic study period

For **PPD** or **Temporary** exceptionality: What is the period of time that it is anticipated the student will experience functional limitations requiring accommodations in the academic setting?

Start Date: _____ End Date: _____

PART 3: ACADEMIC IMPACT

Please indicate if this student is on any medications with possible side effects related to academic performance: _____ Yes _____ No

If yes, please identify the academic impact:

Current impact of diagnosis(es) on academic participation:

Participation

Impact

In a Classroom Environment

In a Testing Environment

While Completing schoolwork
Outside of Class

In a Field Placement

In a Practical Lab Setting

Based on the identified diagnosis(es), what academic accommodations would you recommend to promote this student's academic success?

Student's Name: _____ Banner Number: _____

PART 4: OTHER COMMENTS

Please indicate if there is any other relevant information that would be helpful to share to ensure this student is supported appropriately:

PART 5: CERTIFICATE OF ACCREDITED DIAGNOSING HEALTH CARE PROVIDER

First Name: _____ Last Name: _____

Specialty (if applicable): _____

License Number: _____ Telephone Number: _____

Date: _____ Signature: _____

NOTICE OF COLLECTION

In accordance with Section 39(2) of the *Freedom of Information and Protection of Privacy Act, 1990*, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed to provide access and support services to students. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.