University of Manitoba | Student Accessibility Services

Verification of Disability Form

INFORMATION for STUDENTS

Student Accessibility Services (SAS) uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning. This form must be based on a current, thorough assessment and completed by a registered health professional qualified to diagnose the condition. The provision of supplementary documentation from other service providers (e.g., health or educational) is also welcome.

DO NOT use this form for a Learning Disability diagnosis. Students with a Learning Disability must submit a Learning Disability assessment (i.e., psycho-educational assessment) completed by a registered psychologist within the last five (5) years or completed when the student was 18 or older.

While documentation from a registered health professional is required to confirm a disability diagnosis, the documentation alone does not determine whether recommended or preferred accommodations are reasonable. Medical information will be considered, but does not guarantee that a specific accommodation will be implemented by SAS.

Notice Regarding Collection, Use, and Disclosure of Personal Health Information by the University

Your personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University to verify disability and to understand the impact(s) of the disability on your academic functioning, and for communication. Your personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA). If you have any questions about the collection of your personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

STUDENT DETAILS

This section can be completed by the student *(*required fields)*

Name*: _____

Preferred Name: _____

Student Number*: _____

Email*: _____ Phone Number*: _____

Faculty / Program of Study: _____

INFORMATION for REGISTERED HEALTH PROFESSIONALS

The University of Manitoba has designated Student Accessibility Services (SAS) to facilitate the implementation of accommodations for students with documented disabilities. To determine these accommodations and supports, SAS must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning.

All relevant sections must be completed carefully and objectively to ensure an accurate assessment of the student's disability-related needs, which may include access to support services and government and school bursaries while attending university. Students will be referred to other supports on campus if no disability is present.

DISABILITY DEFINITIONS:

Permanent disability means any impairment, including physical, mental, intellectual, cognitive, learning, communication, or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and that is expected to remain with the person's expected life.

Persistent or prolonged disability means any impairment, including a physical, mental, intellectual, cognitive, learning, communication, or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary 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 person for the person's expected life.

Temporary disability means a disability that impacts the student for a short period of time (such as a broken bone or short-term injury following a medical treatment). However, it results in a full recovery.

MEDICAL INFORMATION

All remaining sections on this form must be completed by a registered health professional

History:

How long have you provided service to this student? _____

Date of most recent clinical assessment: _____

Will you continue to provide service to the student while they attend university? Yes ☐ No ☐

Select ONE statement below for this student as it applies to their current academic setting.

☐ Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their academic career

☐ Persistent or prolonged disability with anticipated duration (day/month/year):
From _____/_____/_____ to _____/_____/_____

☐ Temporary disability. reasonable duration they should be accommodated (day/month/year):
From _____/_____/_____ to _____/_____/_____

Nature of Disability	**Primary** (check one)	**Secondary** (check all that apply)
Acquired Brain Injury		
ADHD/ADD		
Autism Spectrum		
Cognitive		
Hearing Impairment		
Medical/Chronic Illness		
Mobility/Physical		
Psychiatric		
Visual Impairment		
Other (please specify)		

Diagnosis*: _____

_____

* Reminder: for Learning Disability diagnoses, a recent psycho-educational assessment is required

* In cases of psychiatric disability, a student's specific diagnosis is **NOT** required to receive accommodations from SAS. However, full details of the impact(s) of the disability on the student's academic functioning must be included in the below sections. If the student consents to, or requests that you provide a diagnosis statement, this information is kept confidential in accordance with The Personal Health Information Act (PHIA).

Medication(s)/Treatment(s)

Medication(s) and/or treatment(s) that impact academic functioning? Yes ☐ No ☐

If Yes, describe impact(s):

_____

_____

_____

Functional Limitations

Select applicable functional limitations and rate the severity of specific impacts on academic functioning.

No Impact:	No functional limitation evident in this area. Student does not require support.
Mild Impact:	Mild functional limitation evident in this area. Student requires a low degree of support.
Moderate Impact:	Moderate functional limitation evident in this area. Student requires a modest degree of support.
Severe Impact:	Severe functional limitation evident in this area. Student requires a high degree of support.
Uncertain:	Impact unknown/not assessed.

Does the disability result in a functional limitation that restricts the patient's ability to perform daily activities necessary to study at the post-secondary level? ☐ Yes ☐ No

Functional Limitation	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
Academic Tasks					
Group work/activities/presentations					
Listening					
Notetaking					
Speaking					
Typing					
Writing					
Writing exams					
Cognitive					
Concentration/Attention					
Distraction management					
Executive functioning (planning, organizing, problem solving, sequencing, time management, etc.)					
Information Processing (verbal/written)					
Long-term memory (recall/retrieve stored information)					
Short-term memory (information stored for about 30 seconds)					

Functional Limitation	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
Difficulties with					
Attending classes regularly					
Fatigue					
Managing a full course load					
Managing stress					
Meeting assignment deadlines					
Meeting demands of fieldwork/practicum/placements					
Mood					
Social interactions					
Speech					
Physical Activity Intolerance					
Gross motor: Lifting over 5 lbs					
Reaching above shoulders					
Bending					
Fine motor/manual dexterity					
Mobility: Climbing (stairs, rough or uneven terrain)					
Walking					
Sitting for sustained periods					
Standing for sustained periods					
Hearing/sensitivity to auditory stimuli					
Vision/sensitivity to visual stimuli					
Other:					

If needed, use this space to provide any further rationale to explain/list the student's functional limitation(s) related to academic performance and/or to provide any further information:

_____

_____

_____

Sensory Disabilities

If applicable, please list or attach any vision and/or hearing impairment scores which impact academics.

a) Visual acuity loss (best corrected), left eye, right eye, bilateral.

_____

b) Hearing loss (best corrected), left ear, right ear, bilateral. For hearing impairment, can include most recent audiogram.

_____

c) Other sensory barriers that may impact academics. Please specify.

_____

Sample Accommodations List

This is not an exhaustive list of accommodations at the University of Manitoba. This list is provided to assist you in understanding some of the more common accommodations that the University can provide.

Classroom

- ❑ Alternate seating/standing arrangements in the classroom
- ❑ Assistive technology
- ❑ Notetaking assistance
- ❑ Reduced course load (40%) while still maintaining full-time student status*

  *This accommodation requires a specific recommendation due to possible funding impacts. It may also affect IRCC requirements, and international students should speak with an International Student Advisor.
- ❑ Other: _____

  _____

  _____

Exams

- ❑ Alternate space for exams
- ❑ Ergonomic chair for exams
- ❑ Extended exam time:
  - ❑ 25%
  - ❑ 50%
  - ❑ 75%
  - ❑ 100% (maximum)
- ❑ Maximum one final exam per day
- ❑ Use of a computer for exams
- ❑ Other: _____

  _____

  _____

Accommodation Recommendations and Rationale

Indicate specific recommendations for course and/or placement accommodations and/or equipment/software. Recommendations must include a rationale as it relates to the impact(s) on the student's academic functioning as listed above, and the barrier to equal access that the accommodation would address.

_____

_____

_____

_____

_____

_____

_____

_____

Registered Health Professional Details

Occupation of Registered Health Professional:

- ❑ Audiologist
- ❑ Nurse Practitioner
- ❑ Ophthalmologist
- ❑ Optometrist
- ❑ Physician
- ❑ Psychiatrist
- ❑ Psychologist
- ❑ Other (please specify): _____

Name (Please Print): _____

Signature of registered health professional: _____

Date (dd/mm/yyyy): _____/_____/_____

Facility name: _____

Mailing address: _____

City/Town: _____ Province: _____ Postal code: _____

Phone: _____

Office stamp: (Business card or copy of letterhead also accepted)

I certify that the information provided on this form is accurate and reflects the ability-related educational barrier(s) indicated. I understand that this information will be used to determine if this student is eligible for Canada Student Grants for Students with Disabilities.

Note: The student is responsible for costs associated with completing this form.