

## **Explanation to Practitioner for the Purpose of Verification of Permanent or Long-Term Disability**

To Whom It May Concern:

Student Accessibility Services (SAS) provides individualized services to students with disabilities to support them in successfully meeting their educational goals. **Students accessing services through SAS are required to provide documentation of a permanent health condition or long-term disability.** In addition, students applying for government grant funding to cover the cost of such services/accommodations are also required to provide verification of disability to determine eligibility.

The documentation of disability must be provided by a medical practitioner appropriately qualified to be involved in the diagnosis(es) and/or in the treatment of the individual. Enclosed you will find a brief form. SAS requests that you complete this form or provide a similar document that outlines:

- 1. The diagnosis(es) and/or nature of the condition;**
- 2. Whether or not the condition is long-term, permanent or temporary; and**
- 3. The impact of the condition when completing academic coursework, completing field or clinical placements associated with the student's program of studies, and when interacting in the university environment.**

As the medical professional, your role is to identify impacts of the diagnoses. Specific accommodation decisions are based on the information provided by the student (including the form you are asked to complete), essential competencies required in the program/degree/or course, and case-by-case factors. Medical professionals do not need to identify specific accommodations.

The information can be sent to the above address, to [augsas@ualberta.ca](mailto:augsas@ualberta.ca) or faxed to 780-679-1601. If you have questions, please contact SAS at 780-679-1649 or [augsas@ualberta.ca](mailto:augsas@ualberta.ca). Thank you for your attention to this matter.

Sincerely, SAS Accessibility Advisor

## Verification of Disability

Patient/Client Name: \_\_\_\_\_

### 1. Nature of the Disability

Provide the specific diagnosis(es) and describe the nature of the disability(ies). In the case of mental health diagnoses, **please include reference to the DSM-V criteria.**

How long has the condition been present?

Is the diagnosis(es):

Temporary? *Please indicate approximate time to return to full function:*

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Permanent? (i.e. not likely to fully resolve within the individual's life time)

Stable? (i.e. Impacts in communal living environments with rules involving scents, combustion, etc. not likely to exacerbate)

Degenerative? (i.e. impacts likely to exacerbate)

### 2. Impact of the Disability on Academics and Practicum Placements:

Does this diagnosis(es) affect the following? Indicate impact below.

- Energy level \_\_\_\_\_
- Communication \_\_\_\_\_
- Exam Writing \_\_\_\_\_

- Reading \_\_\_\_\_
- Writing \_\_\_\_\_
- Retaining information (memory) \_\_\_\_\_
- Mobility \_\_\_\_\_
- Ability, over extended periods, to:
- Take notes \_\_\_\_\_
- Remain seated or stationary \_\_\_\_\_
- Maintain Focus or Concentration \_\_\_\_\_
- Carry Heavy Objects \_\_\_\_\_
- Impacts in Communal Living Environments with rules involving scents, combustion, etc.
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**I certify that the information provided on this form is accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certifying Professional: \_\_\_\_\_

*(Print or use official stamp, include professional designation)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS). Personal information on this form may be shared, on a need to know basis, with U of A faculties, departments or units. Questions regarding the collection, use and disposal of this information can be directed to SAS at 780-679-1649 or [augsas@ualberta.ca](mailto:augsas@ualberta.ca).