Type of Accessibility-Related Documentation Required

**Deaf, Hard of Hearing:** Audiologist’s report, letter from a physician with an explanation of the degree of hearing loss, or completion of a Verification of Disability by a physician with explanation of the degree of hearing loss.

**Blind, Partially Sighted:** Specialist’s report, letter from a physician with a description of the functional limitations, or completion of a Verification of Disability by a physician with description of the functional limitations and how they impact your ability to pursue post-secondary studies.

**Learning Disability:** Psycho-educational assessment completed by a psychologist.

**Mobility/ Agility:** Specialist’s report, letter from a physician with an explanation of the nature of the mobility/agility impairment, or completion of the Verification of Disability by a physician with description of the functional limitations and how they impact your ability to pursue post-secondary studies.

**Attention Deficit Hyperactivity Disorder:** Psychologist’s report, Neuropsychological report, letter from a psychiatrist, letter from a physician with details about the diagnosis, or completion of a Verification of Disability by a psychiatrist, psychologist or physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Psychiatric or Psychological:** Psychologist’s report with a DSM diagnosis, letter from a psychiatrist with a DSM diagnosis, letter from a physician with details about the diagnosis including the DSM diagnosis, or completion of the Verification of Disability by a psychiatrist, psychologist or physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Autism, Asperger, Rhett Syndrome:** Psychologist’s report, or letter from a physician with details about the diagnosis, or completion of a Verification of Disability by a psychologist or physician with details regarding diagnosis and how it impacts upon ability to pursue post-secondary studies.

**Brain Injury, Cognitive Impairment:** Neuropsychological report, brain injury/cognitive impairment report/assessment, or completion of a Verification of Disability by a physician or specialist with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Other Permanent Disabling Condition:** Completion of a Verification of Disability by a physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

Documentation provided to SAS is kept confidential and shared only with your permission.
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/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 or faxed to 780-679-1601. If you have questions, please contact SAS at 780-679-1649 or 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:

_____________________________________________________________________

☐ 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.          

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.