# SECTION II: PROFESSIONAL VERIFICATION

This information is used to verify status as a person with a disability. While diagnosis is not required, verification of the functional impact on academic activities related to the disability or medical condition is required to understand the needs of the student in online learning.

If you are providing a psycho-educational or neuro-psychological assessment (less than 5 years old, SECTION II is not required.

This information is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact us at [asd@athabascau.ca](mailto:asd@athabascau.ca) or call Athabasca University at 1-800-788-9041 to be directed to an Accessibility Services team member.

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| **Student Information** | |
| Student Name (first, middle, last):  Click or tap here to enter text. | Athabasca University ID#  Click or tap here to enter text. |

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| **Physician or Regulated Health Care Practitioner Information** |
| Name: Click or tap here to enter text. |
| Position/Title:Click or tap here to enter text. |
| Credentials:Click or tap here to enter text. |
| Telephone (including area code):Click or tap here to enter text. |

**Specialty**Please check all that apply:

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| --- | --- | --- | --- |
| Audiologist | Physiotherapist | | Ophthalmologist |
| Neurologist | Rheumatologist | | Psychologist |
| Optometrist | Chiropractor | | Physician–Psychiatrist |
| Physician–Family | Nurse Practitioner | |  |
| Other regulated health practitioner (specify): | | Click or tap here to enter text. | |

**Official stamp of facility name and address:**If you do not have an office stamp, please sign, and attach your letterhead to this form.

## ACCESSIBILITY SERVICES ELIGIBILITY CRITERIA

**Students with functional differences resulting from disabilities or medical conditions that are sensory, learning,** phy**sical/mobility, neurological, psychological, permanent, or chronic disabilities or medical conditions, or injuries that are temporary in nature and necessitate accommodation in the education environment are eligible for Accessibility Services accommodations and support services.**

Please provide explicit statements about the student’s disability-related functional limitations. Avoid such terms as “suggests” or “is indicative of”. If more space is required, provide it on your official letterhead and attach it to this document.

1. **Do you consider this student’s disability/medical condition to be:**

Permanent - with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies and the permanent disability is expected to remain for their lifetime

Persistent or prolonged - with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies for a minimum of 12 months.

Temporary–if temporary, by what date would you expect sufficient recovery to eliminate the need for accommodation? Click or tap here to enter text.

1. **How long has this person been in your care?** Click or tap here to enter text.

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| **Type of Disability (select all that apply)** |
| Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity (ADHD) |
| Acquired Brain Injury |
| Chronic Medical/Systemic (please specify): |
| Deaf/Hard of Hearing |
| Autism |
| Learning Disability (please include most recent assessment) |
| Blind/Low Vision |
| Mobility/Agility (please specify): Click or tap here to enter text. |
| Psychiatric (please specify DSM Diagnosis): Click or tap here to enter text. |

1. **Students with a disability/medical condition whose symptoms are present beyond 12 months may use the reduced course load accommodation and be considered full time.** This would require a student to register in two, 3-credit courses for a provincially funded study period of 4 months OR three, 3-credit courses for a non-funded study period of 6 months. **Would this student benefit in a reduced course load?**

Reduced course load

Full course load

1. **Please describe the impact or functional limitations of the disability in academic functioning.**

Reading:Click or tap here to enter text.

Written expression:Click or tap here to enter text.

Memory:Click or tap here to enter text.

Test taking:Click or tap here to enter text.

1. **Athabasca University is an online university, and academic activities are typically asynchronous, and self paced.** Are there functional limitations of the disability that present in the online environment?

Click or tap here to enter text.

1. **Recommended accommodations or supports for postsecondary studies:**

Based on patient’s disability and the impact of that disability, are there accommodations or supports you recommend that will facilitate their participation in online postsecondary studies?

Click or tap here to enter text.

**Declaration of physician or regulated health care professional:**

I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related educational barrier(s) indicated. It is also my professional opinion that the accommodations requested are necessary to address the impact of the disability to ensure equitable and meaningful access to education. Accommodations are not to provide advantage.

**Signature of physician or regulated health care professional**

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| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Signature |  | Date (mm/dd/yyyy) |