



Please return form to:
Student Wellness Centre, Student Accessibility Services,
OCAD University
100 McCaul Street, Toronto, Ontario, M5T 1W1
T 416-977-6000 ext. 339
F 416-977-5465

**Student Accessibility Services (SAS)
MEDICAL DOCUMENTATION**

Page 1 to be completed by Student.

Student's Last Name: _____ Student's First Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Student Number: _____

Phone (Home/Cell): (____) _____ - _____ Can we leave a voice mail?: ☐ Yes ☐ No

SAS may contact you via email. Please ensure you check your OCAD University student email account.

This section to be completed and signed by the student PRIOR TO asking a regulated health care professional to complete the Medical Documentation form.

Consistent with the Ontario Human Rights Commission's policies, students are not required to disclose their specific diagnosis(es) in order to register with Student Accessibility Services and to receive academic accommodations. A student's disclosure or non-disclosure of their diagnosis(es) has no impact on the level of service and/or support that they may receive through Student Accessibility Services.

Students who wish to disclose their diagnosis(es) to Student Accessibility Services may do so.

Please check one:

- ☐ I do not consent to the disclosure of my diagnosis(es) to SAS
☐ I consent to the disclosure of my diagnosis(es) to SAS

Student's Signature: _____ **Date (MM/DD/YYYY):** ____ / ____ / ____

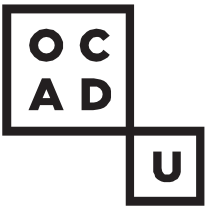
Confidentiality: collection, use and disclosure of this information is subject to all applicable privacy legislation (Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Protection Act (PHIPA)). The information in this document is confidential and will remain separate from your OCAD University student record.

Student Consent

I, _____, hereby authorize this health care professional to provide the following information to the Student Accessibility Services at OCAD University.

OPTIONAL - I, _____, hereby authorize Student Accessibility Services at OCAD University to contact the health care professional to discuss the information provided in this medical documentation specifically related to the provision of my academic accommodations and supports.

Student's Signature: _____ **Date (MM/DD/YYYY):** ____ / ____ / ____



To Regulated Health Care Professional:

This student is requesting disability-related academic accommodations and supports while studying at OCAD University.

The purpose of this medical documentation is twofold:

- Documentation assists Student Accessibility Services (SAS) in determining if a student is an individual with a disability who is eligible for service.
- Documentation provides SAS with the student's functional impact resulting from the disability, which will assist with the identification of appropriate academic accommodations and supports.

In order for SAS to consider the request, the student is required to provide the University with documentation which is:

- Completed by a regulated health care professional who can determine the presence of a disability within their scope of practice.
 - Since this medical documentation form contains many sections, health care professionals are asked to complete only those section(s) that relate to their scope of practice and the student's area of disability.
 - The health care professional can review and reference other medical documentation when completing the SAS Medical Documentation form.
- Thorough enough to support the academic accommodations and supports being considered or requested.

Note: A diagnosis alone does not automatically mean disability-related academic accommodation is required.

The provision of all appropriate academic accommodations and supports is assessed based on the impact of the disability on academic performance during the period for which the accommodation is being requested. If the information provided in this form is not sufficient to meet the academic accommodation and support needs of the student, SAS may seek further information. We are accountable under the *Ontario Human Rights Code* to provide appropriate academic accommodations to students with disabilities. Academic accommodations are intended to level the playing field for students with disabilities while maintaining academic integrity.

Please visit our Information for Health Care Professionals web page (<https://www.ocadu.ca/services/disability-services/info-Students.htm>) for additional information on documentation guidelines and academic accommodations and supports.

If you have any questions regarding this Medical Documentation form, academic accommodations and supports at the post-secondary level or the services provided by our office, please feel free to contact us via telephone at 416-977-6000 extension 339 or email at studentaccessibility@ocadu.ca

Thank you for completing this Medical Documentation form.

Student Accessibility Services - <https://www.ocadu.ca/services/disability-services.htm>
OCAD University

PLEASE PRINT CLEARLY

Disability Information

Select one or more options as applicable:

- ☐ If the **student has consented to the disclosure of their diagnosis(es)** on page 1 (one) of this Medical Documentation form:
- Please provide a clear and current diagnostic statement; avoiding such terms as “suggests” or “is indicative of”. If the diagnostic criteria are not present, this must be stated in this report. Please note any multiple diagnoses or concurrent conditions that may impact academic functioning.
- _____
- _____
- _____
- ☐ If the **student has not consented to the disclosure of their diagnosis(es)** on page 1 (one) of this Medical Documentation form:
- I confirm that a disability is present and this student requires academic accommodations and/or supports.
- ☐ I confirm I am in the **process of assessing the student to determine the presence of a disability(ies)***.
- The assessment will likely be completed by (MM/DD/YYYY) _____.

Duration of the Disability

Choose one of the following:

- ☐ **Temporary disability (or disabilities)** with symptoms that are likely to be time-limited
- ☐ accommodations to be provided from (MM/DD/YYYY)
 - ____/____/____ to ____/____/____
 - ☐ if duration is unknown, please indicate reasonable duration for which the student should be accommodated/supported (please specify number of weeks, months):
 - _____
- ☐ **Permanent disability (or disabilities)** with on-going (chronic or episodic) symptoms.
- ☐ characterized by fluctuations in functioning
 - ☐ progressive
- ☐ Student is being **assessed to determine the presence of a disability(ies)***
- ☐ accommodations to be provided from (MM/DD/YYYY)
 - ____/____/____ to ____/____/____
- *Updated Medical Documentation will be required by the CSD once the assessment is completed.

Functional Impact

Using the following scale, please rate the functional impact caused by the disability as well as possible medication effects (if any) on the areas of functioning below. Please only rate the skills/abilities that in your professional opinion have a disability-related functional impact in the post-secondary environment.

Please see the Appendix (pages 9-10) for a description of each area of functioning.

Area of Functioning	No Impact	Mild	Moderate	Severe	Cannot Assess
Cognitive Skills/Abilities - *EF = Executive Functioning					
Attention/Concentration					
Communication					
EF - Organization					
EF - Planning					
EF - Problem solving					
EF - Time management					
Information processing					
Judgement					
Manage distractions					
Meet assignment deadlines					
Memory - Short-term					
Memory - Long-term					
Motivation					
Take notes during lectures					
Physical Skills/Abilities					
Mobility					
Motor Skills – Fine					
Motor Skills – Gross					
Sit for sustained periods of time					
Stamina					
Stand for sustained periods of time					
Social-Emotional Skills/Abilities					
Ability to respond to change					
Effectively read social cues					
Emotional regulation					
Participate in classroom settings					
Participate in group work					
Participate in oral presentations/critiques					
Other					
Hearing**					
Sleep					
Speech					
Vision***					

**Hearing – Hearing loss (best corrected), left ear, right ear, bilateral

***Vision – Visual acuity loss (best corrected), left eye, right eye, bilateral, visual field limitations

Please elaborate on the next page for Hearing and Vision.

Please elaborate on any of the areas above that require further explanation and/or list any additional areas of functioning that may impact the student's academic functioning (e.g. painting/drawing tolerance, writing tolerance):

Course Load

The student has been advised to reduce their course load:

☐ Yes ☐ No

Medications

If this student has been prescribed medication(s) for their disability(ies), when is the medication(s) likely to have a negative effect on their academic functioning? Check all that apply:

☐ Morning ☐ Afternoon ☐ Evening ☐ N/A

Medication(s) may impact academic performance. If applicable, please list any current adverse effect(s) that may impact the student's participation in the post-secondary environment (e.g. concentration, alertness):

Health and Safety in the Studio Environment

OCAD University students frequently operate tools/machinery and use a variety of materials in the completion of their projects. Please identify any Health and Safety considerations pertaining to the Studio environment:

Health and Safety	Comments
<input type="checkbox"/> Will need assistance/support with operating machinery (e.g. wood shop; metal shop)	
<input type="checkbox"/> Will need assistance/support with handling hazardous chemicals (e.g. acid bath)	
<input type="checkbox"/> Other (Please elaborate)	

Academic Accommodations and Supports

Please list the recommended academic accommodations and supports:

Please list any recommended assistive technology/devices. Please provide rationale for the recommendation(s) linking them to the functional impact (e.g., speech-to-text software, text-to-speech software, organizational tool, FM System, mobility aid, etc.):

Safety

Does this student have a disability(ies) such that the university may need to respond in an emergency situation if symptoms of the disability(ies) appear while the student is on campus or during a placement/fieldwork/field trip (e.g. seizure disorder, severe allergic reaction):

☐ No

☐ Yes

If yes, please describe the disability(ies) and provide further information that would assist the university in responding in an emergency situation:

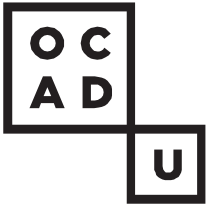
Thank you for taking the time to complete this form. The information provided will assist SAS to determine the appropriate academic accommodations for your patient while attending OCAD University.

Name of Regulated Health Care Professional (Please print):	
Office stamp or Business card: NOTE: If you do not have an office stamp please sign and attach your letterhead – signatures on prescription pads will not be accepted	
Registration/License Number:	Telephone Number:
Fax Number:	Email Address:

I _____ am a legally qualified
_____ in the country that I am registered/licensed
to practice and this Medical Documentation form contains my clinical assessment and considered opinion at this
time.

Health Care Professional's Signature: _____

Date (MM/DD/YYYY): _____



Student Accessibility Services (SAS)

MEDICAL DOCUMENTATION - APPENDIX

Cognitive Skills/Abilities

- Attention/Concentration
 - e.g. maintaining focus during tests/exams, in lectures, writing essays, working on assignments
- Communication
 - e.g. engaging in class discussions; asking questions in/outside of class
- Executive Functioning – Organization
 - e.g. keeping track of materials/supplies/notes; maintaining order of personal space
- Executive Functioning – Planning
 - e.g. determining steps required to complete assignments; prioritizing tasks
- Executive Functioning – Problem solving
 - e.g. defining a problem and determining appropriate solutions
- Executive Functioning – Time management
 - e.g. estimating time; following a schedule; meeting deadlines; arriving on time
- Information processing
 - e.g. ability to input, process, store and retrieve information
- Judgement
 - anticipating the impact of one's behaviour on self and others
 - e.g. understanding when it is appropriate time to interrupt a Course Instructor during class; working in groups; providing feedback to peers during critiques
- Manage distractions
 - e.g. ability to filter out distracting visual and auditory stimuli during classes and/or testing situations
- Meet assignment deadlines
 - e.g. ability to consistently submit assignments/projects by the deadline
- Memory – Short-term
 - information that is stored for a short period of time
 - e.g. ability to follow class directions; ability to recall what was read; ability to follow conversations/discussions
- Memory – Long-term
 - e.g. ability to recall and retrieve stored information, especially in time-limited testing situations
- Motivation
 - e.g. meeting deadlines and goals; attending classes
- Take notes during lectures
 - e.g. ability to capture salient information during class lectures and discussions

Physical Skills/Abilities

- Mobility
 - e.g. ability to: get to and from classes independently, ambulate within classroom/studio, climb stairs, maintain balance
- Motor Skills – Fine
 - e.g. ability to: grip a pencil/pen and write/draw, type, perform repetitive activities, manipulate tools/equipment safely (e.g. scissors, tweezers, screwdrivers, saws, drills, etc.)
- Motor Skills – Gross
 - e.g. ability to: lift, carry, reach overhead, twist, bend, kneel
- Sit for sustained periods of time
 - e.g. during a 3-hour and/or 6-hour class
- Stamina
 - e.g. ability to attend 15+ hours of class a week, complete the resulting study requirements and meet assignment and exam demands
- Stand for sustained periods of time
 - e.g. in a 3-hour studio class

Social-Emotional Skills/Abilities

- Ability to respond to change
 - e.g. change of: classrooms, assignment deadlines, class schedule or instructors/teaching assistants
- Effectively read social cues
 - e.g. follow established classroom protocols such as waiting to be asked before answering course instructor's questions; understand when it is an appropriate time to interact with others
- Emotional regulation
 - e.g. be calm when interacting with others (course instructors, students, other staff); sit in assigned seating during test/exams with the rest of the class; accept constructive feedback during critiques without adverse reaction
- Participate in classroom settings
 - e.g. participate in classroom discussions
- Participate in group work
 - e.g. work cooperatively and collaboratively with peers on group assignments
- Participate in oral presentations/critiques
 - -e.g. deliver oral presentations to peers/instructors

Other

- Hearing - Hearing loss (best corrected)
 - left ear, right ear, bilateral
- Sleep
 - e.g. difficulty falling asleep, staying asleep and/or waking in the morning
- Speech
 - e.g. articulation, fluency, rate
- Vision – Visual acuity (best corrected)
 - left eye, right eye, bilateral, visual field limitations