



Documentation of Mental Health/Psychiatric Disability

Services for Students with Disabilities (SSD) Student Development Centre

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Purpose of this form

SSD facilitates academic accommodations and related services for students with disabilities. Information on this form will be used to support the student's request for accommodations. Information provided also may be used to assess eligibility for financial or other supports for this student while she/he is registered at Western University.

- Documentation must be provided by a licensed psychiatrist, psychologist or a family physician who has in depth knowledge of the student's condition
- Documentation should be complete as possible in order to ensure accurate assessment of the student's request for accommodations.

To Be Completed by Licensed Medical Professional (please print):

Name _____ Registration Number: _____

Signature: _____ Date: _____

Profession:

Psychologist Psychiatrist Family Physician Pediatrician Other _____
(please specify)

Address: _____ Telephone #: _____

_____ Fax #: _____

To Be Completed by Student (please print):

Student Name: _____ Date of Birth: ____/____/____

Student Number: _____ (Year/Month/Day)

I authorize the above named professional to release this completed form to the Student Development Centre's Services for Students with Disabilities. (I understand that this information will be kept in my confidential file within the SDC and will not be shared with any other individual or department at Western University.)

Date : _____ Student Signature : _____

Student's Informed Release is done in accordance with the following sections of the *Freedom of Information and Protection of Privacy Act*. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the *use* of personal information and sections 42.(1)(b), s.42(1)(c), and s.42(1)(d) allowing for the *disclosure* of personal information.

Diagnostic Statement*

Please include a clear diagnostic statement. If criteria for a diagnosed disability are not met, this should be stated on the form. If multiple diagnoses or co-existing conditions are present which may affect academic progress, these should be included.

*requested, but not required

Diagnosis***Statement of Permanent Disability**

The designation of permanent disability has legal implications and is used in determining the student's eligibility for government grants and loans. Please consider the following definition of permanent disability with respect to its duration, severity, and impact when answering questions 1 and 2 below.

Permanent disability is defined as a **functional limitation** due to a disorder that restricts a person's ability to perform daily activities necessary to participate in post-secondary studies and is expected to remain with the person for the person's expected life.

1. In your professional opinion, does the student's condition meet criteria for a permanent disability as defined above? Yes No

2. Do the student's functional limitations restrict his/her ability to perform daily activities required to participate in post-secondary studies? Yes No

**Please check the appropriate description(s) as they apply to this student's condition.
(Check all that apply)**

- Not a disabling condition in the current academic setting
- Temporary disability: anticipated duration from _____ to _____
- Permanent disability with ongoing chronic symptoms
- Permanent disability with episodic symptoms
 - (Please indicate if the student currently is experiencing symptoms) _____
- Updated documentation regarding disability status must be reassessed every _____ due to the changing nature of the illness
- I am monitoring this student's condition to determine a diagnosis

How long have you been treating this student? _____

Date of last clinical assessment: _____

Date(s) of the condition's onset: _____

Do you consider this student to be in stable condition and able to cope with typical academic stressors? (ex. able to attend 15 + hours of classes a week, complete the resulting study requirements and meet assignment and exam demands)

Will you be monitoring this student on a regular basis while he or she is attending university?

Medication Information

Is this student currently taking medication(s) for his/her symptoms? Yes No

Does the medication have side effects that will affect the student negatively in an academic setting? Please describe:

When is the medication likely to affect academic functioning negatively? (Check all that apply)

- Morning Evening
 Afternoon N/A

Functional Implications

Using the following scale, please rate the impact of the impairment and possible medication effects (if any) on the areas of functioning listed on the following pages:

SCALE

- 1 Within normal limits - No functional limitation evident in this area
 2 Mild or slight functional limitation evident in this area
 3 Moderate functional limitation evident in this area
 4 Severe functional limitation evident in this area
 5 Unable to assess or unknown at this time

Skill/Ability	Example/explanation	✓ Rating				
		1	2	3	4	5
A. <u>Cognitive Skills/Abilities</u>						
Attention/concentration	during exams, classes, labs; while writing essays/reports					
Short -Term Memory	Information that is stored for about 30 seconds, e.g., ability to follow class directions					
Long-Term Memory	ability to recall and retrieve stored information especially in time-limited testing situations					

Information Processing	ability to input, process, store and retrieve information					
Manage distractions	ability to filter out distracting visual and auditory stimuli during classes and/or testing situations					
Executive Functioning: planning, organizing, problem solving, sequencing, time-management	ability to: meet exam/assignment deadlines; multi-task (e.g. listen and take notes at the same time); prioritize academic tasks (e.g. complete assignments, study, attend classes); manage time effectively (e.g. stay focused on task)					
Judgement: anticipating the impact of one's behaviour on self and others	understand when it is an appropriate time to interrupt a professor during class					
Communication	The ability to effectively convey information orally or in writing to others					
B. <u>Social-Emotional Skills/Abilities</u>		1	2	3	4	5
Effectively control emotions during routine academic interactions	work cooperatively and collaboratively during in-class group work situations; be calm when interacting with others (professors, students, fieldwork clients), ability to approach professors/teaching assistants when needed					
Effectively read social cues	follow established classroom protocols such as wait to be asked before answering professor's questions, understand when is an appropriate time to interact with others					
Effectively control emotions during evaluation situations	sit in assigned seating during exams/tests with the rest of the class; deliver oral presentations to peers/professors; accept constructive feedback on performance without adverse reaction					
Ability to effectively manage the demands of academic life	pressures of multiple assignments, readings, tests/exams; being away from home; placement expectations					
Participate appropriately during in-class and group work situations	participate in classroom discussions, collaborate with peers on group assignments					
Ability to respond to change effectively	change of: classrooms, assignment deadlines, class schedule, or professors/teaching assistants					

Skill/Ability	Example/Explanation	✓ Rating				
C. <u>Fieldwork – Specific Skills/Abilities</u> (when part of the student's program)		1	2	3	4	5
Work safely with vulnerable populations	People who are ill, people with disabilities, children and older adults					
Stamina: Meet the demands of fieldwork	35+ hours of fieldwork per week, possible 12-hour work shifts; day, evening, or night-shifts					

Please describe any other functional limitation caused by the student's condition that has not been mentioned above:

Please send completed forms to:

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