Verification of Disability Form

If you need to access this form in another format or need assistance, please email arrec@ualberta.ca.

The University of Alberta (the ‘University’) provides accommodations to eligible applicants and students with any permanent, persistent/prolonged, or temporary impairments, including physical, mental, intellectual, cognitive, learning, communication, or sensory impairment, or functional limitations that significantly restrict the ability of the individual to perform the daily activities necessary to pursue studies at a post-secondary level. Applicants and students are eligible to apply for accommodations, and must include medical documentation to verify their disability in their applications. In addition, students applying for government grant funding to cover the cost of accommodation services are required to provide verification of disability to determine funding eligibility. Specific accommodation decisions are made in accordance with the University’s Discrimination, Harassment and Duty to Accommodate Policy, and are based on: verification of disability information; other supporting documentation; essential competencies required in students’ programs of study; and, case-by-case factors. Verification of disability must be provided by a healthcare practitioner appropriately qualified to be involved in the individual’s diagnosis(es) and/or treatment in order to provide objective medical information about the individual’s: 1. diagnosis(es) and/or nature of the condition(s); 2. expected duration of the diagnosis(es); and, 3. the impact of the diagnosis(es) on the individual’s participation in post-secondary learning and campus environments, coursework, and/or experiential learning components (e.g., fieldwork, practica, clinical placements, service-learning opportunities).

PLEASE NOTE:
- Students must complete Part 1 of the Verification of Disability Form. Healthcare providers must complete Part 2 of the Verification of Disability form.
- Students must submit completed Verification of Disability Forms to the University of Alberta via the online Academic Accommodation Registration Form.
- Please print clearly and provide comprehensive responses in English or French. Illegible or incomplete responses may delay the assessment of requests for accommodations.
- Submission of verification of disability documentation does not guarantee the provision of accommodations or specific accommodations.
- The University’s accommodation application guidelines apply to all accommodation applications.
- If submitted verification of disability information is not sufficient to determine accommodation eligibility or needs, the University may seek further medical documentation.
- Students may at any time submit for review additional medical documentation in support of requests for additional accommodations.
- Students are responsible for any costs associated with obtaining verification of disability forms, additional medical documentation, and other University fees and tuition.
- Where applicable, students are responsible for notifying professional licensing organizations of their medical conditions; any licensing practice restrictions put in place by professional licensing organizations cannot be modified by the University.
PART 1: Student Authorization for Release of Medical Information – to be completed by the student before giving the form to the healthcare provider

First Name ___________________________________________ Last Name ___________________________________________

University of Alberta Student ID Number ___________________________________________

I authorize my healthcare provider to disclose to the University of Alberta the information on this form and additional or clarifying information that is necessary for provision of services related to accommodations. I also authorize the University of Alberta to contact my healthcare provider to discuss provision of accommodations if required.

Student Signature ___________________________ Date (yyyymmdd) ___________________________

PART 2: Documentation of Disability(ies) – to be completed by healthcare provider and returned to the student

**Diagnosis(es):** What is the individual’s specific diagnosis(es)? Please list DSM codes if applicable.

<table>
<thead>
<tr>
<th>Date of diagnosis (yyyymmdd):</th>
<th>Date of diagnosis expiry or reassessment (yyyymmdd):</th>
</tr>
</thead>
</table>

How long have you been treating this individual? __________ years __________ months

Are you this individual’s primary healthcare provider? [ ] yes [ ] no

Please indicate the duration of the disability (select one):

[ ] Permanent disability (expected to remain with the person for their lifetime)

[ ] Persistent/prolonged disability (has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for their lifetime)

[ ] Temporary (has lasted, or is expected to last, for a period of less than 12 months)

[ ] Individual is being monitored and/or investigations are ongoing to determine diagnosis.

Expected date of diagnosis (yyyymmdd):

Functional impacts/impairments are (select one): [ ] continuous [ ] recurrent/episodic

Prescribed medication or treatment significantly impacts daily function: [ ] yes [ ] no

If yes, when is the individual’s function impacted? [ ] morning [ ] afternoon [ ] evening

If yes, please describe negative impacts (e.g., treatment recovery time, timed medications, etc.):
**Impact of Disability**: Please rate the functional impact\(^1\) of the individual’s disability in the areas listed below using the following descriptors:

<table>
<thead>
<tr>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>No functional limitation evident in this area</td>
<td>Moderate functional limitation evident in this area</td>
<td>Severe functional limitation evident in this area</td>
<td>Don’t Know Impact not assessed/no basis for assessment</td>
<td></td>
</tr>
</tbody>
</table>

### Cognitive Impacts

<table>
<thead>
<tr>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term memory</td>
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<tr>
<td>Long-term memory</td>
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<tr>
<td>Verbal information processing</td>
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<tr>
<td>Written information processing</td>
<td></td>
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<tr>
<td>Distraction management</td>
<td></td>
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<tr>
<td>Reasoning</td>
<td></td>
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<tr>
<td>Judgment</td>
<td></td>
<td></td>
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<tr>
<td>Problem-solving</td>
<td></td>
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<tr>
<td>Time management</td>
<td></td>
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<tr>
<td>Organization</td>
<td></td>
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<tr>
<td>Planning</td>
<td></td>
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<tr>
<td>Other (please specify):</td>
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</tbody>
</table>

### Physical Impacts

<table>
<thead>
<tr>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
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</thead>
<tbody>
<tr>
<td>Hearing</td>
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<tr>
<td>Speech</td>
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<tr>
<td>Vision</td>
<td></td>
<td></td>
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<tr>
<td>Mobility</td>
<td></td>
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<tr>
<td>Gross motor skills</td>
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<tr>
<td>Fine motor skills/dexterity</td>
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<tr>
<td>Energy level</td>
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</tbody>
</table>

\(^1\) “Functional limitations [are] caused by physical or mental impairments that restricts the ability” of a student “to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force…” (DD. Gov. of Can. Section 4.5, 2003).
### Physical Impacts (continued)

<table>
<thead>
<tr>
<th>Impact</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting for sustained periods of time</td>
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<tr>
<td>Standing for sustained periods of time</td>
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<tr>
<td>Lifting</td>
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<tr>
<td>Reaching above shoulder level</td>
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</tr>
<tr>
<td>Twisting</td>
<td></td>
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<tr>
<td>Bending</td>
<td></td>
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<tr>
<td>Pain</td>
<td></td>
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<tr>
<td>Other (please specify):</td>
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</table>

### Physical Restrictions: Select and specify any restrictions to physical activities.

- [ ] Can sit no more than ___ minutes at one time.
- [ ] Can stand no more than ___ minutes at one time.
- [ ] Can lift no more than ___ kilograms at one time.
- [ ] Can walk no more than ___ metres at one time.
- [ ] Can attend class no more than ___ total hours per day.
- [ ] Restricted bending or twisting of the ___ joint(s).
- [ ] Other (please specify): ___

### Social/Emotional Impacts

<table>
<thead>
<tr>
<th>Impact</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control emotions during evaluations</td>
<td></td>
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<tr>
<td>Control emotions in routine academic settings</td>
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<tr>
<td>Read social cues</td>
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<tr>
<td>Manage demands of academic life</td>
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<tr>
<td>Manage change effectively</td>
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<tr>
<td>Participate in routine academic settings</td>
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<tr>
<td>Make and keep appointments</td>
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<tr>
<td>Other (please specify):</td>
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</tbody>
</table>
# University of Alberta Verification of Disability Form

## Academic Impacts

<table>
<thead>
<tr>
<th>Academic Impacts</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
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<tr>
<td>Exam writing</td>
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<tr>
<td>Keyboarding</td>
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<tr>
<td>Notetaking</td>
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<tr>
<td>Reading</td>
<td></td>
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<tr>
<td>Writing</td>
<td></td>
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<tr>
<td>Other (please specify):</td>
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</tbody>
</table>

## Fieldwork/Practicum Impacts

<table>
<thead>
<tr>
<th>Fieldwork/Practicum Impacts</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work safely with vulnerable populations</td>
<td></td>
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<tr>
<td>Stamina: meet the demands of fieldwork</td>
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<tr>
<td>Other (please specify):</td>
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</table>

## Campus Environment

**Housing:** Are the functional impacts of the individual’s condition related to communal living environments, including dietary restrictions, dietary sensitivities, shared living space, shared washrooms, housing mobility/accessibility limitations, or others?

- [ ] Yes
- [ ] No
- [ ] Don’t Know

If yes, please describe these impacts below:

**Parking:** Are the individual’s functional impacts related to mobility challenges, use of a mobility device, reduced energy levels due to medical treatments or symptoms, or others that impact the individual’s ability to physically travel to, from, and/or around campus?

- [ ] Yes
- [ ] No
- [ ] Don’t Know

If yes, please describe these impacts below:
**Service Dog/Support Animal**: Is the individual eligible to have a qualified service dog?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Don’t Know</td>
</tr>
</tbody>
</table>

Has the individual been prescribed a service dog or support animal for treatment purposes in order to help alleviate functional impacts associated with the individual’s condition(s)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Don’t Know</td>
</tr>
</tbody>
</table>

If yes to the service/support animal questions above, please describe the functional impacts that are alleviated by the service/support animal and how the service/support animal alleviates these impacts:

**Healthcare Provider Information**

<table>
<thead>
<tr>
<th>Full Name</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty (Please select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Audiologist</td>
</tr>
<tr>
<td>☐ Family physician</td>
</tr>
<tr>
<td>☐ Ophthalmologist</td>
</tr>
<tr>
<td>☐ Psychiatrist</td>
</tr>
<tr>
<td>☐ Registered psychologist</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office/Clinic Stamp</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Registration Certificate or License Number</th>
<th>Date (yyyymmdd)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional medical documentation is attached:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ yes</td>
</tr>
</tbody>
</table>

**Please return completed form to student for submission.**

**Privacy Notification**: 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 accommodation services at the University of Alberta. Personal information on this form may be shared as needed with University of Alberta faculties, departments, or units. Questions regarding the collection, use, and disposal of this information may be directed to: University of Alberta Academic Success Centre Director, 1-80 Students’ Union Building, telephone: 780-492-2682; email: success@ualberta.ca.

UAASC_20220829

2 Students are responsible for obtaining service dogs or support animals, service dog IDs, and all costs associated with their service dog or support animal, and must follow provincial service dog regulations and related University policies.