



Explanation to Practitioner for the Purpose of Verification of Permanent or Long-Term

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, 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/or 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 sasrec@ualberta.ca, or faxed to 780-248-1665. If you have questions, please contact SAS at 780-492-3381 or sasrec@ualberta.ca. Thank you for your attention to this matter.

Sincerely,

SAS Accessibility Advisors



Verification of Disability

Print the full name of the client or patient: _____

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 _____

- Read _____
- Write _____
- Retain 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:

Certifying Professional: _____
(Print or use official stamp, include professional designation)

Address: _____

Phone: _____ Fax: _____

Signature of Certifying Professional: _____

Date: _____