

McMaster University – Student Accessibility Services (SAS)

Guidelines for the Provision of Documentation for Students with Disabilities

The provision of accommodations and supports through the Student Accessibility Services (SAS) office can be based upon a number of factors. Functional limitations related to a disability can restrict performance in daily activities in the post-secondary environment. For this reason consideration for academic accommodation may be warranted.

Students are *not required to disclose their diagnosis in order to receive accommodations or services*; however, this information can be helpful in completing a thorough assessment for accommodation and support needs.

Temporary disabilities (e.g. significant or ongoing for the foreseeable future) may be accommodated through our office. Where necessary, further documentation beyond what is provided herein may be requested. If so, students would be requested to provide consent to you and SAS in order to facilitate further communication. See attached form to be completed and returned to SAS directly or by the student.

Confidentiality Statement:

Information related to the student, his/her disability, and whether he/she is affiliated with SAS would not normally be released in any form without his/her expressed consent (verbal, written, electronic means), except where required by law.

Note: Students who wish to declare disability status for OSAP can obtain a form from the Financial Aid Office or the OSAP website for this purpose.

Student Accessibility Services Documentation for Students with a Disability

McMaster University provides academic accommodation for students with disabilities. Documentation from a qualified professional (see “Guidelines for the Provision of Documentation for Students with Disabilities”) can be important when determining eligibility for accommodation needs.

Note to Health Care Provider: For a student to qualify for accommodations a disability must have a functional impact upon a student’s daily activity as it relates to performance in academic studies. Students are not required to disclose their diagnosis in order to register for services and receive accommodations, however this information can be very helpful when completing a thorough assessment for appropriate supports and accommodation needs.

Temporary disabilities (e.g. Significant or ongoing for foreseeable future) may be accommodated. Where appropriate, students may be asked to provide updated or more thorough documentation from their Health Care Provider to assist with determining accommodations on an ongoing basis.

Student Name:

Student Number:

Does this student consent to disclosure of his/her diagnosis? Yes No

IF YES – Student Signature:

Date:

Please provide all diagnoses:

If no diagnosis is provided, can you confirm that the student has a diagnosed disability?

Yes No

History of Impairment (Please complete the following statements):

Date of onset of impairment:

Is there currently a significant impact on academic functioning due to the impairment?

Yes No

In your opinion is there a likelihood that the impairment will be ongoing for the foreseeable future?

Yes No

What is the anticipated duration of the need for academic accommodations?: (End Date)

In your opinion would this student be capable of performing the functions essential for a student:

Without accommodation Yes No

With accommodation Yes No

Functional Assessment:

Please complete the information below to the best of your knowledge regarding any aspects of the disability that are expected to affect academic functioning.

Symptoms are: Continuous Episodic

AND affect the following areas (provide detail where able):

Attention

Concentration

Written Communication

Verbal Communication

Information Processing

Memory

Organization

- o Time Management
- o Decision-making
- o Judgment
- o Social Interaction (e.g. isolates, understanding of social cues and boundaries)
- o Impaired Perception of Reality type symptoms that may affect academic functioning (e.g. delusions or hallucinations)
- o Motor function (Fine/Gross)
- o Bodily functions (e.g. irritable bowel syndrome, bladder disorders, cystic fibrosis, heart disease, excessive sweating)
- o Ambulation
- o Vision
- o Hearing
- o Pain

- o Other (e.g. sleep, fatigue, nutrition)

Additional Information:

- o Effects of Medications
- o Additional Treatments
- o Comments related to behavior (e.g. impulsive behavior, recreational or chronic alcohol or drug use etc)
- o Other

In your opinion are there any accommodations which you believe ought to be considered? Please identify.

Physician or Health Care Practitioner Information:

Name (Please Print)

Area of Specialization:

Physician-Family

Physician – Specialist - Specify

Physician – Psychiatrist

Psychologist

Other - Specify

Reg. #

Telephone Number

Extension

Are you the professional who diagnosed the disability noted above? Yes No

I certify that the information provided on this form is accurate.

Signature

Date

Please affix official stamp of clinic name and address or attach your cover letter/business card.