McMaster University | Student Accessibility Services

McMaster University Student Centre (MUSC), B101
1280 Main Street West
Hamilton ON L8S 4L8

905-525-9140 ext. 28652
sas@mcmaster.ca
sas.mcmaster.ca

McMaster University – Student Accessibility Services (SAS)

Guidelines for the Provision of Documentation for Students with Disabilities

OSAP students: *Students who wish to declare disability status for Ontario Student Assistance Program (OSAP) must obtain the Disability Verification Form through their OSAP application. The OSAP form may be used in lieu of this form to register with SAS.*

Student Accessibility Services (SAS) provides academic accommodations and supports for students with disabilities. These disabilities can be temporary, persistent/prolonged or permanent.

Academic accommodations aim to give students with disabilities an equitable opportunity to participate in their academics and meet program requirements.

SAS does not require students to disclose a formal diagnosis to receive academic accommodations or support. However, a Regulated Health Care Professional must confirm presence of a disability and provide information about how the disability affects their daily activities. At times, SAS may require further documentation and/or consultation to obtain functional limitation information related to a specific accommodation request.

This form may be completed by a regulated health care professional such as a Physician, Psychiatrist, Psychologist, Nurse Practitioner, Occupational Therapist, Physiotherapist, Neurologist, Audiologist and others who can confirm a diagnosis and/or functional limitations within the scope of their practice.

This form is to be returned to students who will submit to SAS. A more detailed documentation guide is available on the SAS website.

Confidentiality statement:
Information related to the student, their disability, and whether they are affiliated with SAS would not be released in any form without the student's expressed consent (verbal, written, electronic means), except where required by law.

Student Accessibility Services Functional Assessment Form for Students with a Disability(ies)

Background information

Student name: _____

Student number: _____

Does the student consent for you to disclose their diagnosis(es)?

☐ Yes, please provide all diagnoses:

☐ No

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

☐ Yes ☐ No

History of impairments/disability:

1. Date of onset of symptoms (if applicable): _____
2. Date that student sought medical support for their disability: _____

Current impact:

Can you confirm that the student experiences disability related functional impairment and that these is an impact on academic activities?

☐ Yes

If yes, please confirm whether the impact is ☐ Continuous or ☐ Episodic

☐ No

Duration of accommodation:

In your opinion, what is the anticipation for the need of academic accommodations?

☐ Temporary: Please specify

☐ Persistent/prolonged: A few months up to 12 months

☐ For the duration of the student's studies

Types of accommodations: Academic accommodations are subject to the essential requirements of courses and programs, which regularly include requirements to attend in-person classes, labs, tests and exams, and Health and Safety clinical placements. In your opinion, would this student be capable of performing the essentials functions as a student?

☐ Yes, with an accommodation plan

☐ No

Functional assessment

Please comment below to the best of your knowledge on the student's daily functioning as it relates to their disability and the impact on their academic activities.

Please confirm if the student is impacted in the following areas:

Cognitive:

☐ Not applicable

	Yes	Unable to assess	Comments related to functional impact
Attention/concentration			
Information processing			
Written communication			
Learning new information			
Mental stamina: Sustain multiple classes/activities			
Short term memory			
Long term memory			

Executive functioning:

☐ Not applicable

	Yes	Unable to assess	Comments related to functional impact
Organizational skills			
Emotion regulation			
Time management			

Physical:

☐ Not applicable

	Yes	Unable to assess	Comments related to functional impact
Independent mobility			
Prolonged sitting			
Prolonged standing			
Physical stamina			
Stair climbing			

Dexterity/use of upper limb:

☐ Not applicable

	Yes	Unable to assess	Comments related to functional impact
Fine motor skills, i.e. holding, grasping			
Lifting/carrying, if maximum weight please indicate in comments			
Handwriting			
Typing			

Sensory processing:

If applicable, please provide additional documentation such as audiology report, vision functional assessment or psychoeducational assessment.

☐ Not applicable

	Yes	Unable to assess	Comments related to functional impact
Vision (please describe)			
Hearing (please describe)			
Sensitivity to light			
Sensitivity to noise			
Sensitivity to touch			

Additional comments regarding functional impact:

Additional information

Please provide comments if the student may experience impacts due to medication or treatment plans.

Physician or health care practitioner information:

Please provide comments if the student may experience impacts due to medication or treatment plans.

Name (Please print): _____

Area of specialization:

☐ Physician - Family

☐ Physician - Specialist. Specify:

☐ Physician - Psychiatrist

☐ Nurse practitioner

☐ Psychologist

☐ Physiotherapist

☐ Occupational therapist

☐ Speech language pathologist

☐ Other. Specify: _____

Registration number: _____

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.