The Learning Disability Verification Form is meant to supplement information that is provided in a full psychological evaluation report. AccessAbility Services (AS) requests documentation of a disability for the purpose of establishing disability status, understanding how the disability may impact a student, and supply adequate information on the functional impact of the disability so that effective reasonable accommodations can be identified. This form is intended to assist our service in determining eligibility for reasonable accommodations.

In addition to the verification form, a current evaluation report from a psychologist or physician trained in assessing learning difficulties in adolescents and/or adults should be submitted. The report which describes the student’s impairment should include but is not limited to the following: 1) Presenting concerns at the time of evaluation; 2) History (developmental, family, medical, psychosocial, psychological, pharmacological, educational, and employment); 3) Current symptoms; 4) Diagnosis; 5) Medications; 6) Severity and Functional limitations; and 7) Summary and recommendations.

All information gathered by AS will be reviewed to determine eligibility for reasonable accommodations at The University of Waterloo. Reasonable accommodations are individually determined and should be based on the functional impact of the condition; how it is likely to interact with the environment. As such, accommodation recommendations may vary from individual to individual, even among those with the “same” disability diagnosis. Disability documentation submitted to AS is treated in a confidential manner according to all pertinent provincial and federal regulations.

Our service considers the individual with a disability to be a valuable source of information regarding the impact of their disability and the effectiveness of accommodations. Following admission to AS, the student requesting services will meet with an advisor either in person or by phone to assist in the discuss the academic accommodation plan and make changes as required during the admission.

NOTE:
The University of Waterloo will only accept psycho-educational reports completed no more than 3 years prior to the start of studies. Older assessments completed after the age of 18 will be assessed on a case-by-case basis. Documentation for learning disabilities may require periodic updates, especially if changes occur in the student’s functioning or requests for reasonable accommodations change.

Individualized Educational Plans (IEP) and/or Identification Placement and Review Committee (IPRC) summaries from high school will be accepted as supporting documentation only. IEP/IPRC’s are not sufficient to access academic accommodations and are not transferrable to this university.

**Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so.**

*The provider signing this form must be the same person completing the form.*

Please submit pages #2 through #4 with your application
Purpose of this form

AccessAbility Services (AS) requires documentation from a licensed/registered psychologist or psychological associate who has in-depth knowledge of a student’s condition, in order to arrange academic accommodation and/or related services. Information on this form also may be used to assess a student’s eligibility for financial support or other programs for students with disabilities while at the University of Waterloo. Documentation should be as complete as possible in order to facilitate AS’s assessment of a student’s request for services. All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student.

To be completed by student

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

Student Number: _______________________________

I authorize the professional named in this form to disclose/share information concerning myself to AccessAbility Services (AS), University of Waterloo.

I understand that the information will be used to help plan accommodations and to support my learning while at university.

I understand that AS has the right to review my file and request updated documentation at any time during my admission to the University of Waterloo.

I further understand that this information will remain confidential to AS and will be securely stored during my admission to the University of Waterloo.

Date: _________________________ Student Signature: ________________________________

Student’s informed authorization for disclosure of information is obtained 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.

Office Use Only

Reviewed by: _______________________________

Date: _______________________________

Notes: ________________________________________________________________

______________________________________________________________
Diagnostic Statement

Please provide a clear DSM diagnostic statement or indicate that the student’s difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions.

Primary DSM Diagnosis and date of diagnosis: ____________________________________________

Secondary DSM diagnosis and date of diagnosis (if applicable): _________________________

Please provide below a summary of presenting symptoms, including level of severity:

__________________________________________________________________________________

Date the student was most recently seen by you: _________________________

Has the student undergone a psychological, neuropsychological, or psychoeducational assessment?  ☐ Yes, Completed by: __________________ Date: ____________  ☐ No:

Has the student completed any standardized or non-standardized rating scales?  ☐ Yes  ☐ No

If yes, please specify the scales used: __________________________________________________

Current Symptoms and Recommended Accommodations

Please list the student’s current symptoms. Indicate what reasonable academic accommodations and/or services the student will require. Your rationale for each request should be based upon specific functional limitations related directly to the student’s learning disability. See example:

Example: “A student who has difficulty with reading fluency and comprehension may need text-to voice software.”

Symptom: Difficulty with reading fluency and comprehension

Recommended Reasonable Accommodation: text-to voice software

Symptom: ________________________________________________________________

Recommended Reasonable Accommodation(s): ________________________________________

Symptom: ________________________________________________________________

Recommended Reasonable Accommodation(s): ________________________________________
Learning Disability Verification Form
AccessAbility Services - University of Waterloo
NH, 200 University Avenue West, Waterloo, ON N2L 3G1
Phone: 519.888.4567 ext. 35082 Fax: 519.746.2401
Web: uwaterloo.ca/accessability-services/ E-mail: access@uwaterloo.ca

Symptom: ______________________________________

Recommended Reasonable Accommodation(s):
_____________________________________________________________________________________

STATEMENT OF DISABILITY
Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student’s eligibility for funding. Permanent disability is defined as a functional limitation due to the condition that restrict the student’s ability to perform daily activities necessary to participate in post-secondary studies, and that is expected to remain with the student for the student’s expected life.

1. In your professional opinion, does this condition constitute a disability? (Please circle) Yes No

2. Is this a permanent disability as defined above? (Please circle) Yes No

3. If this is a temporary disability what is the anticipated duration? From __________ to __________

4. This is a non-disabling condition in the academic setting? (Please circle) Yes No

Additional Information:

The health care professional should also send any reports that provide additional related information. Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

Signature ______________________________________ Date______________________________

Print name _______________________________________________________________________

Title ___________________________________ Registration # ___________________

Office Stamp

Profession: ☐ Psychologist ☐ Psychiatrist ☐ Family Physician ☐ Pediatrician ☐ Other_____________

Address: ____________________________________________________________________________

Phone __________________________ Fax __________________________