Verification of Mental Health Disability - Academic Accommodations

AccessAbility Services - University of Waterloo
1401 Needles Hall, 200 University Avenue West, Waterloo, ON N2L 3G1
P. 519.888. 4567 ext. 30852. F. 519.746.2401
Web: uwaterloo.ca/disability-services I Email: accessibility@uwaterloo.ca

This section is to be completed and signed by the student PRIOR TO asking a health care professional to complete the verification of mental health disability Form

- Consistent with the Ontario Human Rights Commission's Policy on preventing discrimination based on mental health disabilities and addictions and the University of Waterloo’s Documentation Guidelines for Students with Mental Health Disabilities, you are not required to disclose your mental health disability diagnosis in order to register with Accessability Services and to receive academic accommodation.
- The Ontario Human Rights Commission recognizes that Disability Services Offices have expertise in dealing with accommodation issues in the academic environment, and as such, play a vital role in assisting with the accommodation process. If you wish to, you may voluntarily disclose your diagnosis to UW AccessAbility Services.
- Providing your diagnosis may be required to establish eligibility for certain federally or provincially-funded bursaries and grants and privately funded external scholarships and financial awards. This Form can be used to establish eligibility for such financial assistance, provided you have consented to the disclosure of your mental health diagnosis.
- If you choose to consent to the disclosure of your mental health diagnosis, you must check the box below. Your consent will allow your Health Care Practitioner to complete the relevant section of the Form.

☐ I consent to disclose the diagnosis of my mental health disability

________________________
Signature of Student:

Please Print:

Student’s Last Name: ________________________________
Student’s First Name: ________________________________
Date of Birth (DD/MM/YYYY): ________________________
Student Number: ________________________________
Address: ________________________________

Phone Number (Home/Cell) : ________________________________

U Waterloo E- address: ________________________________
Alternate E-mail: ________________________________
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Registered Mental Health Professional

Dear Practitioner,

Your patient is requesting disability-related academic accommodations from the University of Waterloo. This individual wishes to register with AccessAbility Services and currently requests you to complete the enclosed verification of condition form. AccessAbility Services is an educational support program for students who require academic accommodation for a permanent or temporary mental health disability. Interim accommodations may be provided for students who are in the process of being assessed for a mental health disability.

Our office suggests that the professional completing this form have first-hand knowledge of the student’s condition, experience in working with students with the stated condition(s), and a familiarity with the demands experienced by students in an academic setting (i.e. taking examinations, doing research, completing assignments, and assuming responsibility for one’s higher education pursuits). Information gathered by AccessAbility Services will be reviewed and used to assist in determining eligibility for reasonable academic accommodations. Reasonable accommodations are individually determined and be based on the functional impact of the condition and how it restricts the student’s ability to perform daily activities necessary to participate in post-secondary studies. Disability documentation submitted to AccessAbility Services is confidential and is retained in accordance with pertinent provincial and federal regulations.

The University of Waterloo and AccessAbility Services are accountable under the Ontario Human Rights Code and are committed to accommodating students with disabilities. These guidelines help us provide academic accommodations that level the playing field for students with disabilities without creating an unfair advantage or undermining academic integrity. We rely on your detailed knowledge of this student’s disability, including a list of the functional limitations and restrictions that may impact their education together with your recommendations for appropriate academic accommodations.

In addition to this information, AccessAbility Services requests that all new students attend a New Student Advising and Registration Appointment either in person or by phone. 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.

Thank you for helping to reduce barriers for students with disabilities while upholding the academic standards of the university.

This form must be completed by a licensed medical practitioner or registered psychologist

Note: Documentation submitted 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.
Functional Limitations Assessment for Post-Secondary Students with a Mental Health Disability

The following criterion must be met for the determination of a disability:

The student experiences functional limitations due to a mental health condition that impairs the student’s ability to perform daily activities necessary to access and participate in post-secondary studies. Please confirm by selecting a statement below.

☐ I confirm that this student has a disability based on a diagnosed mental health condition according to the criterion outlined above.

☐ I confirm that I am in the process of monitoring and assessing the student’s mental health condition to determine a diagnosis and this assessment is likely to be completed by ________________

Date (DD/MM/YYYY)

If the student has consented to disclosure of specific diagnosis to AAS (as indicated by their signature on page 1), please provide the diagnosis and DSM-V code, as applicable.

_______________________________

Duration of the Disability

Complete 1 OR 2 OR 3 to indicate the duration of the disability:

1. This student has a permanent disability (the mental health disability is expected to be lifelong) with symptoms that are:
   ☐ Continuous  OR  ☐ Recurrent/Episodic

2. This student has a temporary disability with symptoms that are:
   ☐ Continuous  OR  ☐ Recurrent/episodic
   
   Accommodations to be provided from ________________ to ________________

3. This student is being assessed to determine a diagnosis. ☐ *

   *Updated documentation will be required by AAS to continue providing academic accommodation after the date specified above.
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Medication
If this student has been prescribed medication for this condition, when is the medication likely to have a negative effect on their academic functioning? (Check all that apply)

☐ Morning  ☐ Afternoon  ☐ Evening  ☐ N/A

Functional Limitations
Consider functions necessary to participate in post-secondary studies. Check abilities and activities that are affected by the student’s current condition and functional limitations. Please rate the impact of the impairment caused by the disability as well as possible medication effects (if any) on the areas of functioning below.

<table>
<thead>
<tr>
<th>A. Cognitive Skills &amp; Abilities</th>
<th>1 Within normal limits</th>
<th>2 Mild or Slight</th>
<th>3 Moderate</th>
<th>4 Severe</th>
<th>5 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention/Concentration</td>
<td>No functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Unable to assess or unknown at this time</td>
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<tr>
<td>Short-Term Memory</td>
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<tr>
<td>Long-Term Memory (Retaining of information)</td>
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<td>Information Processing (verbal)</td>
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<tr>
<td>Information Processing (written)</td>
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<tr>
<td>Managing internal distractions</td>
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</tr>
<tr>
<td>Managing external distractions</td>
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<tr>
<td>Executive functioning</td>
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<tr>
<td>• Organization</td>
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<td>• Planning</td>
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<td>• Problem Solving</td>
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<td>• Sequencing</td>
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<td>• Time management</td>
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<tr>
<td>Ability to meet assignment deadlines</td>
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<td>Ability to take notes during class/lectures</td>
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<td>Other: Please describe</td>
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</table>

Comments: Please elaborate on any of the areas above
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<table>
<thead>
<tr>
<th>B. Social and Emotional Functioning</th>
<th>1 Within normal limits</th>
<th>2 Mild or Slight</th>
<th>3 Moderate</th>
<th>4 Severe</th>
<th>5 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in group work/situations</td>
<td>No functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Functional limitation evident in this area</td>
<td>Unable to assess or unknown at this time</td>
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<tr>
<td>Participate in classroom settings</td>
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<td>Ability to deliver oral presentations</td>
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<td>Ability to manage emotions during academic evaluations</td>
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<td>Other: Please describe</td>
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</tbody>
</table>

Comments: Please elaborate on any of the areas above

Please list any additional functional limitations that may impair the student’s academic functioning in the post-secondary setting:

_________________________________________________  
_________________________________________________  
_________________________________________________

How did you arrive at this assessment? Check all relevant items below:

- [ ] Structured or unstructured interviews with student
- [ ] Interviews with other persons (parent, teacher, therapist)
- [ ] Behavioral observations
- [ ] Psycho-educational or Neuropsychological Testing
- [ ] Other (please specify):

_________________________________________________  
_________________________________________________  
_________________________________________________
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Recommended Academic Accommodations:

Based on the functional limitations that you identified above, do you have recommendations for specific academic accommodations (e.g. reduced course load, extended time to complete tests/ exams, flexibility in assignment due dates, assistive technology, note-taking supports, etc.)?

______________________________________________
______________________________________________
______________________________________________

Student’s strengths:

______________________________________________
______________________________________________
______________________________________________

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

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.

<table>
<thead>
<tr>
<th>Please Print:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Completed (DD/MM/YYYY):</td>
</tr>
<tr>
<td>Practitioner’s Name:</td>
</tr>
<tr>
<td>Practitioner’s Signature:</td>
</tr>
<tr>
<td>Practitioner’s License Number:</td>
</tr>
<tr>
<td>Address/Phone Number/Fax Number:</td>
</tr>
</tbody>
</table>

Please use office stamp as well as signature

Return complete form to the University of Waterloo - AccessAbility Services - 1401 Needles Hall or fax this form to: 519.746.2401
Student Consent

Completion of this section is voluntary; however, if you elect not to provide your consent at this time and in the event that further information is required there may be delays in the provision of your accommodation.

I give consent for the University of Waterloo AccessAbility Services to contact my medical practitioner or registered psychologist to discuss the information provided in this document if necessary to clarify the information provided regarding functional restrictions and limitations or if there are questions about complex academic accommodation.

<table>
<thead>
<tr>
<th>Student’s Signature:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Completed (DD/MM/YYYY):</td>
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</tbody>
</table>

**Note to student:** If you have other relevant documentation, you may include copies of it with this registration package. These additional documents are not intended to replace the AccessAbility Services registration package. Please note - additional documentation may be requested.

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)-.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.