Verification of Acquired Brain Injury Disability - Academic Accommodation
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: accessability@uwaterloo.ca

Guidelines for Student and Physician

This form should be by individuals presenting with acquired brain injury (ABI) and post-concussion syndrome which may limit function as well as access to the academic environment.

The Verification of Acquired Brain Injury Form is meant to supplement information that is provided in a full medical evaluation report. AccessAbility Services (AAS) requests verification 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 in determining eligibility for academic accommodation.

In addition to the verification form, a full physician summary/medical report of the student's impairment 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; and 6) Functional limitations. *Guidelines and a complete description for documenting medical conditions can be found at the following web site https://uwaterloo.ca/accessability-services/disability-verification*

All information gathered by AAS will be reviewed to determine eligibility for reasonable academic accommodations at The University of Waterloo. Reasonable accommodations are individually determined and are based on the functional impact of the condition and; how it is likely to interact with the demands of the academic environment. As such, accommodation eligibility may vary from individual to individual, even among those with the "same" disability diagnosis. Information/reports submitted to this office which verify disability status will be secured in a confidential manner in accordance with all pertinent provincial and federal regulations.

Our service considers the student with a disability to be a valuable source of information regarding the impact of their disability and the effectiveness of accommodations. Following submission of an application to AAS, the student requesting services will meet with a disability consultant either in person or by phone to orient to AAS services, review eligibility for academic accommodation plan, and complete the admission process.

- **The University of Waterloo will only accept evaluation reports completed no more than three (3) years prior to the start of studies. Assessments completed after the age of 18 will be assessed on a case-by-case basis.**
- **Individualized Educational Plans (IEP) from high school will not be accepted as verification of a disability.**
- **Documentation for ABI/post-concussion syndrome may require updates, if changes occur in the student's functioning or requests for reasonable accommodations change.**
- **Verification forms and assessment reports completed by a relative of the student will not be accepted.**

Submit application pages 2 through 8 to AccessAbility Services

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Section A: To be completed by Student

Student Background (please print)	
Student's Last Name:	
Student's First Name:	
Date of Birth (DD/MM/YYYY):	
UW Student Number:	
Address: (Street#, city, prov.& postal code)	
Phone Number (Home/Cell)	
U Waterloo E-address:	**@uwaterloo.ca**
Alternate E-mail:	

Student Certification	
By signing this form you certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.	
Student's Signature:	**Date Completed (DD/MM/YYYY):**

A) Student understanding of use of information; B) Informed Consent

Completion of this section is voluntary; however, if you elect not to provide your consent and in the event that additional information is required, there may be delays in the processing of your referral.

Personal Health Information:

I authorize the attending registered health care professional named in this form to complete the verification of Acquired Brain Injury disability form and disclose information concerning myself to AccessAbility Services (AS), University of Waterloo.

I give consent for the University of Waterloo AccessAbility Services to contact my attending professional to discuss information provided in this document if necessary; to clarify information regarding functional limitations and/or obtain information necessary for provision of disability services at the University of Waterloo.

☐ YES or ☐ NO

Eligibility for Academic Accommodation & Accommodation Planning

I understand that the information provided will be used in part to establish an accommodation eligibility plan to support my learning while at university.

I understand that following a reported change in my condition/learning needs AccessAbility Services has the right to request updated verification of my disability needs at any time during my admission UW.

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

☐ YES or ☐ NO

Student's Signature:	**Date Completed (DD/MM/YYYY):**

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.

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Section B: To be completed by Physician

AccessAbility Services (AS) requires verification of the medical disability from a licensed/registered relevantly trained physician who has in-depth knowledge of a student's condition, in order to arrange academic accommodation and/or related services. Information provided may be used to arrange academic accommodation and/or related services, assess a student's eligibility for financial support or access to other programs for students with disabilities while at the University of Waterloo. Documentation should be as complete as possible in order to facilitate AAS'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.

Diagnosis/Diagnostic Statement

Please provide a clear 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.

Diagnosis & Date of Onset: _____

Diagnosis & Date of Onset:_____

Date of last clinical assessment:_____

How long have you been treating this student?_____

What is the severity of the disorder (select one)? ☐ Mild ☐ Moderate ☐ Severe

Does the disability affect the student's tolerance with any of the following?

☐ Sitting for less than 50 minutes
☐ Sitting for more than 50 minutes
☐ Standing for more than 15 minutes
☐ Walking; student cannot walk more than _____ number of meters at a time
☐ Stair; is the student able to negotiate stairs?
☐ Lifting (student cannot lift more than _____ kg)
☐ Reaching above shoulder level
☐ Twisting (please circle): neck, back, knees, wrist
☐ Bending (please circle): neck, back, knees, wrist
☐ Performing activities of daily living (please list):

Do the effects of the student's disability necessitate absence from class/academic activities?
☐ Yes (list below) ☐ No

☐ < 1 day per month; ☐ 2-5 days per month; ☐ > 5 days per month

Estimate the maximum amount of time that the student should be able to spend in lectures, labs and tutorial activities per week. Approximately _____ hours per week.

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ABI/Post-Concussion Symptoms

Please indicate which symptoms your patient continues to experience post-incident. To evaluate, you may compare the student's present condition to pre-morbid level of functioning.

	Symptoms	None	Mild		Moderate		Severe		N/A
Physical	Headache	0	1	2	3	4	5	6	
	Nausea	0	1	2	3	4	5	6	
	Vomiting	0	1	2	3	4	5	6	
	Balance Problem	0	1	2	3	4	5	6	
	Dizziness	0	1	2	3	4	5	6	
	Visual Problems	0	1	2	3	4	5	6	
	Fatigue	0	1	2	3	4	5	6	
	Sensitivity to light	0	1	2	3	4	5	6	
	Sensitivity to noise	0	1	2	3	4	5	6	
	Numbness/tingling	0	1	2	3	4	5	6	
	Pain other than headache	0	1	2	3	4	5	6	
Thinking	Feeling mentally foggy	0	1	2	3	4	5	6	
	Feeling Slowed Down	0	1	2	3	4	5	6	
	Difficulty Concentrating	0	1	2	3	4	5	6	
	Difficulty remembering	0	1	2	3	4	5	6	
Sleep	Drowsiness	0	1	2	3	4	5	6	
	Sleeping less than usual	0	1	2	3	4	5	6	
	Sleeping more than usual	0	1	2	3	4	5	6	
	Trouble falling asleep	0	1	2	3	4	5	6	
Emotional	Irritability	0	1	2	3	4	5	6	
	Sadness	0	1	2	3	4	5	6	
	Nervousness	0	1	2	3	4	5	6	
	Feeling More Emotional	0	1	2	3	4	5	6	

Overall rating: How different is the person acting compared to the usual self?

Same as Usual 0 1 2 3 4 5 6 Very different

Are there situations or activities that may worsen the student's condition? ☐ Yes ☐ No

If yes, please describe:

_____

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Activity level - Has the student's activity level changed over the past 30 days? ☐ Yes ☐ No

How long is the student able to engage in/sustain:

- Physical Activity Activity: _____ Duration: _____
- Thinking/Cognitive Activity Activity: _____ Duration: _____

Exertion - Do these symptoms worsen with:

- Physical Activity ☐ Yes ☐ No ☐ Not Applicable
- Thinking/Cognitive Activity ☐ Yes ☐ No ☐ Not Applicable

Current Intervention & Management

Is this student currently taking medication(s) for their symptoms? ☐ Yes (list below) ☐ No

Medication	Dosage & Frequency	List current adverse drug effects that limit the student's functioning and ability to complete academic activities

Is the student involved in. non-pharmacological treatment for their symptoms? ☐ Yes ☐ No
If yes, please describe:
_____

Is the student currently in stable condition and able to cope with typical academic stress? ☐ Yes ☐ No
If no, please describe:
_____

Will you be monitoring this student on a regular basis while they attend university? ☐ Yes ☐ No

Consider functions necessary to participate in post-secondary studies. Check abilities and activities that are affected by the student's current symptoms and functional limitations.

Life and Academic Activities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Concentration					
Memory					
Sleep					
Eating					
Social Interactions					
Self-Care					
Managing internal distractions					
Managing external distractions					
Timely completion of tasks					

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Life and Academic Activities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Regular and timely attendance					
Making and keeping appointments					
Stress management					
Organization					
Listening					
Reading					
Speaking					
Handwriting					
Typing or keyboarding					
Note-taking					
Examinations/evaluative situations					
Information Processing (written/verbal)					
Retaining of information					
Group participation					
Oral presentations					
Other:					

To what degree is the disability associated with the following symptoms?	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Pain					
Fatigue					

Current Symptoms & Functional Limitations

Provide any additional information (not noted above) that relates to; 1) student's current symptoms; and/or 2) additional functional limitations which constitute a disability in the academic environment.

Assistive or Adaptive Technology

Does the student's condition require the use of assistive technology to mitigate symptoms? ☐ Yes ☐ No
If yes, please list the student's assistive/adaptive technologies (brand and model #).

_____

What settings is the technology currently utilized (select one): ☐ Educational; ☐ Home; ☐ Work

Describe the student's proficiency level regarding assistive technology listed above

_____

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Physician should also send all 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.

Disability Certification
Physician qualified to diagnose must complete and sign this section to certify the student's disability and status.
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 disorder that restricts 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.**
In your professional opinion, does the student's presenting condition constitute a disability? ☐ YES or ☐ NO
Please select the appropriate descriptions as they apply to the student's condition: ☐ Permanent & Long-term disability with chronic, continuous/ongoing symptoms (longer than 1 year with frequent recurrence) or with episodic symptoms - (>6 months-1year) ☐ Temporary & Short-term disability (<6 months) - from _____ to_____ ☐ Non-disabling condition in the current academic setting
Does the nature and severity of the student's disability limit participation in: Activities of daily living? ☐ YES or ☐ NO The academic environment? ☐ YES or ☐ NO
Does the nature and severity of the student's disability make the student ***unable to meet the demands of a full course load*** (15-20 hours of lectures, labs and /or tutorial meetings per week plus 25-30 hours of study time per week)? ☐ YES or ☐ NO
Does the nature and severity of the student's disability require a ***reduced course load*** to mitigate symptoms of the condition ? ☐ YES or ☐ NO If a reduced course load is required, please estimate the maximum amount of time that the student should be able to spend in these activities: approximately _____ hours per week.
Will the reduced course load be required for the whole duration of the academic program to mitigate symptoms of the condition? ☐ YES or ☐ NO

Certificate of Attending Physician (please print)

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I certify with my signature below that, in my professional opinion, the student named in Section A requires academic accommodation while attending the University of Waterloo.

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.

Physician Name (Please print):	Name of Practice/Clinic/Hospital:
Physician Signature:	Address:
Physician License/Registration #:	Phone # (include area code):
Affix card here or office stamp	Fax # (include area code)

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