Information for Student and Registered Mental Health Professional

- **Section A & C: To be completed by Student**
- **Section B: To be completed by registered mental health professional**

**Instructions to Student**
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 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.

In addition to this information, AccessAbility Services requests that all new students attend an appointment to complete admission to AccessAbility Services 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.

If you choose to provide your Mental Health Professional permission to disclose of your mental health diagnosis, you must provide written declaration and consent to release your information independent of your practitioner PRIOR TO the completion of this verification form. Refer to Sections A.

If you have other relevant documentation, you may include copies of it with this registration package. Additional documents are not intended to replace the AccessAbility Services this verification form and/or registration package.

- **Section A & C: To be completed by Student**

**Instructions to Registered Mental Health Professional**
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 verification of mental health disability 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
Verifying of Mental Health Disability - Academic Accommodation

AccessAbility Services - University of Waterloo
1401 Needles Hall, 200 University Avenue West, Waterloo, ON N2L 3G1
P. 519.888. 4567 ext. 35082 F. 519.746.2401
Web: uwaterloo.ca/accessability-services I Email: access@uwaterloo.ca

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 are based on: 1) the functional impact of the disability condition and 2) restrictions on the student’s ability to perform/complete essential academic activities and/or 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 affect their education together with your recommendations for appropriate academic accommodation.

- Section B: To be completed by registered mental health professional

Instructions to Student and Registered Mental Health Professional

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

- Individualized Educational Plans (IEP) from high school will not be accepted as verification of a disability.

- Documentation for temporary disabilities may require updates, should support be sought for more than one academic term. If changes occur in the student’s functioning or requests for reasonable accommodations change the student may be required to provide and update prior to changing eligibility for accommodation.

- Verification forms and assessment reports completed by a relative of the student will not be accepted.

Submit application pages 3 through 7 to AccessAbility Services
Section A: To be completed by Student

<table>
<thead>
<tr>
<th>Student Background (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Last Name:</td>
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<tr>
<td>Student’s First Name:</td>
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<tr>
<td>Date of Birth (DD/MM/YYYY):</td>
</tr>
<tr>
<td>UW Student Number:</td>
</tr>
<tr>
<td>Address: (Street#, city, prov.&amp; postal code)</td>
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<tr>
<td>Phone Number (Home/Cell)</td>
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<td>U Waterloon E-address:</td>
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<tr>
<td>Alternate E-mail:</td>
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</table>

Student Informed Consent and Authorization for the Purpose of Academic Accommodation

Completion of all sections listed below is voluntary. Students may also withdraw consent pertaining to any of the below at any time during admission to AAS. **NOTE:** Should you elect not to provide your consent, you may forfeit your access to services you require during your admission to UW.

- **Authorization to My Attending Professional to Complete this Form**
  - ☐ YES or ☐ NO

- **I authorize the attending registered health care professional named in this form to complete the verification of mental health disability form and disclose information concerning myself to AccessAbility Services (AAS), University of Waterloo.**

- **AAS & Contact With My Attending Professional**
  - ☐ YES or ☐ NO

- **I give consent for AAS to contact my attending professional to discuss information provided in this document if necessary to 1) clarify information regarding my functional limitations and/or; 2) obtain information necessary for provision of disability services at the University of Waterloo.**

- **Students Eligible for Ontario Student Assistance Program (OSAP)**
  - ☐ YES; ☐ NO; ☐ N/A

- **I give consent for the University of Waterloo AccessAbility Services to verify my status as a person with a disability the University of Waterloo Student Awards and Financial Aid Office for OSAP purposes. I understand that my consent is required in order for me to qualify for disability-related funding for services and equipment.**

- **Academic Accommodation & Accommodation Planning**
  - ☐ YES or ☐ NO

  - 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 AAS will need to communicate with my academic unit and other University of Waterloo Services to facilitate my academic accommodations.

  - I understand that following a reported change in my condition/learning needs AAS 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 AAS and will be securely stored during my admission to the University of Waterloo.

- **Student Certification**

  By signing this form, I certify that the information I have provided above is true and will be used to support my the development of an academic accommodation plan to which I am deemed eligible. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation of services when discovered.

  | Student’s Signature: | Date Completed (DD/MM/YYYY): |

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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.
Section A: Declaration to Disclose Mental Health Diagnosis

The University of Waterloo, under the direction of the Ontario Human Rights Commission has advised me that disclosure of my mental health diagnosis is optional and that in order for that information to be released, I am required to provide informed consent. I understand that my consent will allow my registered mental health professional to complete the relevant section of the form. I have read the instructions on pages one and two of this form regarding my ability to disclose my mental health diagnosis. I will indicate my decision regarding disclosure of my current mental health diagnosis by checking one of the boxes below.

☐ I consent to disclose my mental health diagnosis and will direct my mental health practitioner to fulfill this request.

☐ I do not consent to disclose my mental health diagnosis.

Student’s Signature: ____________________________  Date Completed (DD/MM/YYYY): ____________________________

Section B: Registered Mental Health Professional

AccessAbility Services (AS) requires verification of a mental health disability from a registered mental health professional who has in-depth knowledge of the 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. All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student.

Assessment of Mental Health Disability & Associated Functional Limitations of Condition for Post-Secondary Students

Registered Health Professional’s Confirmation of Disability Status and Duration

The University of Waterloo, under the direction of the Ontario Human Rights Commission has requested that a registered health professional qualified to diagnose mental health conditions and disability status provide a confirmation to assist the student in accessing academic accommodation support. Consider the student experience and presenting 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. As part of your evaluation please consider if your patient has met the criteria for the determination of a disability per below. 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.

Disability Criteria

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.

Please confirm disability status by selecting a statement below:

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

☐ I confirm that I am in the process of monitoring and assessing the student’s mental health condition

☐ I confirm that this student does not present with a disability based on a diagnosed mental health condition according to the criterion outlined above.

If the student has consented to disclosure of specific diagnosis to AAS, as indicated by their signature above provide the diagnosis and DSM-V code, as applicable.
Duration of the Disability

Indicate the duration of the student’s disability condition. Select one.

- ☐ Permanent disability
  The mental health disability is expected to be lifelong with symptoms that are
  ☐ Continuous OR ☐ Recurrent/Episodic

- ☐ Temporary disability
  The mental health disability has presented for less than 12 months in duration and is not expected to be pervasive, continuous or recurrent/episodic in nature. The student will need support from ________________ to ________________
  *Not to exceed 12 months in duration* (DD/MM/YYY) (DD/MM/YYYY)

- ☐ Being Assessed
  The mental health condition is currently being evaluated to determine a diagnosis and disability status. I will assess the student’s condition on the following date*
  (DD/MMM/YYYY): ___________________

*NOTE: Updated documentation will be required by AAS to continue providing academic accommodation after the date specified above.

- ☐ Disability Status Not Applicable
  The mental health condition is non-disabling in the current academic setting

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. Rate the impact of the impairment (if any) on areas of functioning listed below.

<table>
<thead>
<tr>
<th>A. Cognitive Skills &amp; Abilities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Within normal limits</td>
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<tr>
<td>2 Mild or Slight</td>
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<td>4 Severe</td>
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<td>5 Unknown</td>
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</tr>
</tbody>
</table>

Attention/Concentration
Short-Term Memory
Long-Term Memory (Retaining of information)
Information Processing (verbal)
Information Processing (written)
Managing internal distractions
Managing external distractions
Executive functioning
  - Organization
  - Planning
  - Problem Solving
  - Sequencing
### A. Cognitive Skills & Abilities

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<td>No functional limitation evident in this area</td>
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<td>Functional limitation evident in this area</td>
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</tbody>
</table>

- **Time management**
- Ability to meet assignment deadlines
- Ability to take notes during class/lectures
- Other: Please describe

Comments: Please elaborate on any of the areas above

### B. Social and Emotional Functioning

<table>
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</table>

- Participate in group work/situations
- Participate in classroom settings
- Ability to deliver oral presentations
- Ability to manage emotions during academic evaluations
- Other: Please describe

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
- ☐ Behavioral observations
- ☐ Interviews with other persons (parent, teacher, therapist)
- ☐ Psycho-educational or Neuropsychological Testing
- ☐ Other (please specify):
Verification of Mental Health Disability - Academic Accommodation
AccessAbility Services - University of Waterloo
1401 Needles Hall, 200 University Avenue West, Waterloo, ON N2L 3G1
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Web: uwaterloo.ca/accessability-services Email: access@uwaterloo.ca

Recommended Academic Accommodations
Based on the functional limitations that you identified above, do you have recommendations for specific academic accommodations? List below:

Student’s strengths:

Reduced Course Load Confirmation

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 Registered Mental Health Professional

I certify with my signature below that, in my professional opinion, the student named in Section A requires academic accommodation to support functional limitations of a confirmed disability 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.

Practitioner Name (Please print):
Practitioner Signature:
Practitioner License/Registration #:
Address:
Phone # (include area code):
Fax # (include area code):
Date (DD/MM/YYYY):

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