Guidelines for Student and Attending Physician

This form should be completed for individuals presenting with vision conditions, which result in limited function as well as access to the academic environment.

The Verification of Visual Disability is meant to supplement information that is provided in a full medical-ocular evaluation report. AccessAbility Services (AAS) 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 on academic participation so that effective reasonable accommodations can be identified.

In addition to the verification form, a current evaluation report should be submitted by the attending ophthalmologist, physician, optometrist or professional qualified to diagnose ocular conditions. The report which describes the student’s disability 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 visual disability 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 academic accommodations are individually determined and should be based on the functional impact of the condition and 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 AAS is treated in a confidential manner according to 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.

- Individualized Educational Plans (IEP) from high school will not be accepted as verification of a disability.
- Documentation for visual disabilities may require updates, especially if changes occur in the student’s functioning or requests for reasonable accommodations change.
- Not providing all information required may prevent the student from receiving academic adjustments, auxiliary aids, and/or services from the University of Waterloo.
- Verification forms and assessment reports completed by a relative of the student will not be accepted.

Submit application pages 2 through 5 to AccessAbility Services
## Section A: To be completed by Student

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

<table>
<thead>
<tr>
<th>Student Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 of services and/or repayment of financial aid, whenever discovered.</td>
</tr>
<tr>
<td>Student’s Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A) Student understanding of use of information; B) Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Personal Health Information: I authorize the attending registered health care professional named in this form to complete the verification of medical disability form and disclose information concerning myself to AccessAbility Services (AS), University of Waterloo.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>☐ YES or ☐ NO</td>
</tr>
<tr>
<td>Eligibility for Academic Accommodation &amp; Accommodation Planning</td>
</tr>
<tr>
<td>I understand that the information provided will be used in part to establish an accommodation eligibility plan to support my learning while at university.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>I further understand that all information will remain confidential to AS and will be securely stored during my admission to the University of Waterloo.</td>
</tr>
<tr>
<td>☐ YES or ☐ NO</td>
</tr>
<tr>
<td>Student’s Signature: Date Completed (DD/MM/YYYY):</td>
</tr>
</tbody>
</table>

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.
Section B: To be completed by Attending 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. 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:____________________________________________________

Date of last clinical assessment:__________________________________________

How long have you been treating this student?______________________________

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

What is the student’s visual acuity and visual field (Explain in detail)?

________________________________________________________________________

Is the vision loss expected to remain stable? ☐ Yes ☐ No
If no, vision is expected to decline, describe the progression of the vision loss below:

________________________________________________________________________

Are glasses, contacts or other visual aids prescribed to assist the student’s visual acuity? ☐ Yes ☐ No
If yes, please describe:

________________________________________________________________________

Describe the proficiency of orientation and mobility of the student for independent travel (e.g. proficient cane user; guide animal; usable vision; uses GPS technology; needs additional O & M training).

________________________________________________________________________

What does the student utilize to access print (enlarged print, what size; Braille; text reader; screen reader etc.)?
Current Symptoms & Functional Limitations

Please list the student’s current symptoms that constitute functional limitations in an academic environment. Functional limitations described should be directly related to the student’s diagnosis.

Symptom: ____________________________________________________________________________

Functional Limitation(s):
____________________________________________________________________________________

Symptom: ____________________________________________________________________________

Functional Limitation(s):
____________________________________________________________________________________

Symptom: ____________________________________________________________________________

Functional Limitation(s):
____________________________________________________________________________________

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
____________________________________________________________________________________

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.
**Disability Certification**

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)**

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):

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