

## VERIFICATION OF DISABILITY FORM

CMU Accessibility Programs provides accommodations for students with permanent or temporary disability based on documentation received from an appropriate medical professional. Documentation should be within the past 5 years, or an adult assessment.

- Learning disabilities – provide documentation based on a psycho-educational assessment by a registered psychologist. Documentation for learning disabilities should be based on adult assessment.
- Chronic or Temporary Physical Health Disabilities – provide documentation by the appropriate physician or specialist.
- Mental Health Disabilities (including ADHD) – provide documentation by a psychologist or psychiatrist.

Completed form to be returned to the Accessibility Office by the student, mailed or faxed to the address or number at the bottom of the page.

### Student Information

Last Name	First Name	Student ID #	
Address	City/Town	Province	Postal Code
Telephone	E-mail	Date of Birth	

### Student Authorization for Release of Medical Information

I hereby authorize the information on this form to be released to Accessibility Programs at Canadian Mennonite University.

Student Signature	Date
Witness Signature	Witness Printed Name

### Nature of the Disability (this section to be completed by a medical professional)

Condition	Date diagnosed or when symptoms first appeared
Secondary Condition	Date diagnosed or when symptoms first appeared
Type of Disability <input type="checkbox"/> Permanent <input type="checkbox"/> Chronic <input type="checkbox"/> Temporary <input type="checkbox"/> Needs to be reassessed periodically	If a <b>temporary disability</b> , date of anticipated recovery _____  If <b>needing to be reassessed periodically</b> , specify frequency: _____

### Impact of Disability/Functional Limitations

(Please check all that apply)

- May miss classes from time to time (Symptoms may prevent student from attending the occasional class)
- May require extra time to complete assignments
- May need to defer exams from time to time (Negotiated on an as-needed basis and requires a specific medical note for that specific time period)
- Requires a reduced course load (40%) while still maintaining full-time student status
- Requires a Professional Note Taker (A note taker hired specifically to take lecture notes for student – funding required)
- Requires lectures to be recorded (by student)
- Requires alternate seating/standing arrangements in the classroom due to decreased mobility
- Other (please explain): \_\_\_\_\_

## Medications

Is the student currently taking medication for their illness/symptoms?  No  Yes

If Yes, please describe any effects or side effects that may impact the student's ability to complete academic activities:

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If Yes, do limitations/symptoms persist even with medications?  No  Yes

Please describe:

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## Test/Exam Accommodation Services

(Please check all that apply)

- Requires extra time on test/exam      If checked, what percentage more time? \_\_\_\_\_
- Private exam-writing space
- Semi-private exam-writing space (1-4 people)
- Scribe
- Reader
- Use of computer for tests/exams
- Leniency on grammar/spelling
- other adaptive technology or aids (please explain): \_\_\_\_\_

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## Occupation of Certifying Medical Assessor

- Physician       Audiologist       Optometrist       Ophthalmologist       Psychologist
- Psychiatrist       Neurologist       Neuropsychologist       Other (please specify) \_\_\_\_\_

## Certifying Medical Assessor Information

Last Name	First Name	Telephone	Fax
Address	City/Town	Province	Postal Code
Assessor's Signature		Date	

The personal information collected by the Accessibility Services office will be used to aid in assessing appropriate academic accommodations for the student. All information will be protected according to *The Freedom of Information and Protection Act (FIPPA)* or *The Personal Health Information Act (PHIA)*.

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## For Office Use Only

Date received: \_\_\_\_\_