FUNCTIONAL LIMITATION

ASSESSMENT FORM

Regulated Health Care Professional's Guide to Completing the Functional Limitations Assessment Form for Post-Secondary Students With a Disability

# **STUDENT SECTION**

**This section is to be completed and signed by the student PRIOR TO asking a health care professional to complete this form.**

Consistent with the Ontario Human Rights Commission, students are not required to disclose their disability diagnosis in order to register with Counselling and Accessibility Services (CnAS) and to receive academic accommodation. However, the Ontario Human Rights Commission recognizes that disability services offices such as CnAS have expertise in dealing with accommodation issues specifically within in the academic environment, and as such, play a vital role in the planning and implementation of the individualized accommodation process. Students who want to disclose their diagnosis to their Counsellor in the CnAS may do so.

### Important Notes to Students

1. Current government funding programs such as the Ontario Student Assistance Program (OSAP) and the Bursary for Students With Disabilities (BSWD) require that you provide confirmation of a permanent or temporary disability in order to receive financial services and supports under these programs. This confirmation determines access to resources and supports under BSWD. The BSWD does not require disclosure of a diagnosis to access supports and resources covered under the program.
2. Students must provide written consent in order for the information on the completed form to be shared with Counselling and Accessibility Services.
3. Students with a learning disability should provide copies of their psychoeducational assessments to Counselling and Accessibility Services. If you have concerns about this or do not have a psychoeducational assessment, please discuss this with a counsellor.
4. In some cases it may be necessary to obtain additional information to help with accommodation planning. If further information is required, written consent will need to be provided in order to gather that information.
5. Temporary academic accommodations may be provided to students without documentation of a functional limitation or disability. These academic accommodations are implemented while students are collecting documentation to implement an individualized accommodation plan. Please speak to a counsellor if you wish to explore access to interim accommodations.

Check One:

I consent to the disclosure of the diagnosis of my disability

I do not consent to disclose the diagnosis of my disability

Signature of Student: Date (mm/dd/yyyy):

## A: To Be Completed by the Student:

Name: Student #:

(Last Name) (First Name)

Date of Birth: Phone:

mm/dd/yyyy

Address:

(Street and Number) (City) (Province) (Postal Code)

## B: Student Consent for Release of Information:

I, hereby authorize the health practitioner to provide the information contained in this form to Counselling and Accessibility Services (CnAS) at Seneca College and, if required, to supply additional information relating to my disability related services. I also authorize CnAS to contact the health care practitioner to discuss the provision of academic accommodations.

Student Signature: Date (mm/dd/yyyy):

# REGULATED HEALTH PROFESSIONAL

To Be Completed By Regulated Health Care Practitioner (Please Print Clearly):

### Approved Professionals

The following professionals who are licensed to practice in the Province of Ontario may complete this form:

Family Physician

Medical Specialist

Optometrist

Audiologist

Nurse Practitioner

Chiropractor

Speech-Language Pathologist

Psychologist/Psychological Associate

### Submission to the College

Please complete the form and return it to the student for submission to the Counselling and Accessibility Services at their campus at Seneca College.

### Note to Practitioner:

This form contains many sections, professionals are asked to complete only those sections that relate to being within their scope of practice. Please complete your assigned section(s) as thoroughly as possible based on your scope of practice and knowledge of the student.

Students with a Learning Disability will need to provide a copy of a psychoeducational assessments to Counselling and Accessibility Services (CnAS) for academic accommodations. If your student/patient does not have a psychoeducational assessment CnAS will support the student by arranging interim accommodations, and support the student through obtaining a psychoeducational assessment.

### This student has been my patient for:

More than 2 Years  Less than 2 Years  Walk-In/1st Visit

## **Section 1: Functional Limitation/Disability Status**

The following criteria must be met for the determination of a disability.

1. The student experiences functional limitation(s) due to a health condition and

2. The functional limitation(s) impairs the student's academic functioning at the post-secondary level.

I confirm that this student has a disability based on a diagnosed health condition according to the criteria outlined above, or

I am monitoring this student's condition to determine a diagnosis.

### Duration of the Disability - Complete 1, 2 or 3.

1. This student has a permanent disability with symptoms that are:

continuous, or recurrent/episodic.

2. This student has a temporary disability with symptoms that are:

continuous, or  recurrent/episodic.

a. Accommodations to be provided from

to\* .

3. This student is being monitored to determine a diagnosis.

a. Accommodations to be provided from

to\* .

\*Updated documentation will be required by the institution after this date.

Diagnosis:

## **Section 2: Medications**

If the student has been prescribed medication for a condition, when is the medication likely to affect their academic functioning negatively? (Check all that apply)

Morning  Afternoon Evening  N/A

### Section 2a: Students with Seizure Conditions (if applicable)

Frequency of Seizures (Please check one of the following):

Daily Weekly Monthly Rare

Medications for Seizure Related Conditions Name:

Use: Dosage:

Administration (e.g. pills, liquid):

Note: Students must be able to administer or take the medication under their own power.

## **Section 3: Assessing/Evaluating Students Functional Impact in A Post-Secondary Setting**

Note: Use the chart below to indicate impact of disability. This includes the impact of the impairment caused by the disability as well as possible medication side effects (if any) on the areas of functioning.

| Skills/Abilities | No Impact | Mild Impact | Moderate Impact | Severe Impact | Not Sure |
| --- | --- | --- | --- | --- | --- |
| COGNITION | | | | | |
| Attention/Concentration |  |  |  |  |  |
| Long-term Memory |  |  |  |  |  |
| Short-term Memory |  |  |  |  |  |
| Executive Functioning |  |  |  |  |  |
| Information Processing |  |  |  |  |  |
| Ability to Manage Distractions - filter out distracting visual and auditory |  |  |  |  |  |
| Judgment - anticipating the impact of one's behaviour on self and others |  |  |  |  |  |
| Other: |  |  |  |  |  |
| PHYSICAL | | | | | |
| Attendance/Absence from Class |  |  |  |  |  |
| Stamina (Academic) - ability to complete a full course load |  |  |  |  |  |
| Stamina (Field work) - ability to complete a 35 hr work week |  |  |  |  |  |
| Mobility |  |  |  |  |  |
| Gross motor |  |  |  |  |  |
| Fine motor |  |  |  |  |  |
| Ability to sit for a sustained period of time |  |  |  |  |  |
| Ability to stand for sustained periods |  |  |  |  |  |
| Other: |  |  |  |  |  |
| SENSORY | | | | | |
| Vision (best corrected): Describe below |  |  |  |  |  |
| Hearing (best corrected): Describe below |  |  |  |  |  |
| Speech: Describe below |  |  |  |  |  |
| SOCIAL/EMOTIONAL | | | | | |
| In-class and Group Work Interaction |  |  |  |  |  |
| Ability to Perform Class Presentations |  |  |  |  |  |
| Reading Social Cues |  |  |  |  |  |
| Ability to Manage Stress - during class |  |  |  |  |  |
| Ability to Manage Stress - during tests |  |  |  |  |  |
| Effectively Control Emotions |  |  |  |  |  |
| Other: |  |  |  |  |  |

Additional Comments or Elaboration

Section 4: Health Practitioner Authorization

Date Completed (mm/dd/yyyy):

Medical/Psychologist/Practitioner's Name (please print):

Medical/Psychologist/Practitioner's Signature:

Medical/Psychologist/Practitioner's License no.:

Address/Phone Number:

|  |
| --- |
| Office Stamp Required  Note: CnAS may follow-up with your office if no stamp is included. |

Questions or concerns may be addressed to Counselling and Accessibility Services (CnAS). Return completed form to CnAS at the campus where the student attends (see Office Locations) or fax this form to: 416-491-1280 Counselling and Accessibility Services Attention: Service Advisor. Alternatively, you may email the form to Service Advisor: serviceadvisor.cnas@senecacollege.ca.

|  |  |  |  |
| --- | --- | --- | --- |
| Counselling and Accessibility Services Office Locations | | | |
| Newnham Room: E2427  1750 Finch Ave E  Toronto, Ontario M2J 2X5  Tel: 416 491-5050  Extension 22900  Fax: 416 491-1280 | Seneca@York Room: S1175  70 The Pond Road  Toronto, Ontario M3J 3M6  Tel: 416 491-5050  Extension 33150  Fax: 416-650-0371 | Markham Room: M280  8 The Seneca Way  Markham, Ontario L3R SY1  Tel: 416 491-5050  Extension 77508  Fax: 905-946-1581 | King Room: GH2118  13990 Dufferin St.  King City, Ontario L7B 1B3  Tel: 416 491-5050  Extension 55157  Fax: 905-833-7455 |