

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

Nurse Practitioner

Medical Specialist

Chiropractor

Optometrist

Speech-Language Pathologist

Audiologist

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 rating 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					

Counselling and Accessibility Services Office Locations

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