



Student Accessibility Services Functional Assessment Form

Section A: To be completed by the student

How is this form used?

Student Accessibility Services (SAS) uses this form to confirm disability and obtain further information regarding the impact of your disability on academic participation at Brock University. Information provided by your regulated health care provider, along with information provided by you, will assist in determining appropriate academic accommodations and supports in accordance with Ontario Human Rights Commission (OHRC) guidelines. A diagnosis alone does not mean that academic accommodations are required.

Please note:

- Not all students may be required to complete this form. For detailed and up-to-date documentation guidelines, please refer to <https://brocku.ca/health-wellness-accessibility/sas/>.
- Medical professionals may charge a fee for completing this form.
- Specific recommendations by health care providers are not guaranteed.
- This form is not intended to be used for support on compassionate grounds (i.e. non-disability related reasons such as academic stress, test anxiety). We can advise students on how to access consideration on compassionate grounds and/or personal counselling support.

Privacy and confidentiality:

Documentation provided by students is confidential. Personal health information provided in this form is collected and used in accordance with Section 39 of the Freedom of Information and Protection of Privacy Act (FIPPA), 1990.

Who should complete Section C of this form?

Please forward this document to a regulated health care provider who knows you well and is licensed to diagnose the condition. The completed form can be submitted to our office through a secure document upload online, or it can be mailed, faxed, or delivered in person to Student Accessibility Services at the address listed on page 3 of this form.

This form is designed to be printed and provided to your health care provider. If you or your health care provider require a screen reader compatible version of the form, please contact sasnewstudent@brocku.ca.

Student Information:

First name:

Last name:

Brock student ID:

Date of birth:

Consent for disclosure of diagnosis to SAS:

It is not mandatory that a diagnosis be disclosed in order to receive academic accommodations; however, consent may be requested if you apply for certain federally or provincially funded bursaries, grants, or external scholarships.

I have considered the risks and benefits, and:

I consent to identification of a diagnosis on a voluntary basis to be included by my health care provider.

Or;

I do not consent to a diagnosis being included on this form.

Authorization for release of information:

By signing below, I consent to allow the health care provider completing this form to provide information to the Brock University Student Wellness and Accessibility Centre - Student Accessibility Service confirming disability and providing information pertaining to functional limitations to facilitate temporary or permanent accommodation in the academic environment. I understand that all information in this form will be treated in a highly confidential manner and only information regarding limitations and recommended accommodations will be shared outside of the Student Wellness and Accessibility Centre-Student Accessibility Services unless required by law. I agree that facsimile copies or photocopies of this form and any related documents will be considered as valid, original copies.

Student signature:

Date:

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Section B: To be completed by the health care provider

Purpose:

Student Accessibility Services, within the Student Wellness and Accessibility Centre, is comprised of trained disability service professionals who work with students to determine appropriate resources, services, and academic accommodations. The information in this form will be used to assist in determining the most appropriate academic supports and accommodations based on individual functional limitations directly related to the student's permanent disability or temporary/cyclical health condition(s) according to the Ontario Human Rights Commission (OHRC) Policy on Ableism and Discrimination based on Disability, 2016, Section 8.7, "Medical Information to be Provided".

Documentation Requirements:

Documentation must be provided by a regulated health professional certified specifically in the area of disability (i.e. occupational therapist, physiotherapist, psychologist) or a treating physician who knows the patient well enough to comment on individualized functional limitations of the disability or condition.

Note: This form must be filled out by a regulated health professional operating within their scope of practice. Some professionals may be qualified to complete the entire form, including assessments of functional limitations as well as providing input on the diagnosis and prognosis of the disability or condition. Other professionals should be aware of their scope of practice and only provide information relevant to their expertise (e.g., specific functional impacts or diagnoses pertinent to their field). If the form has been completed collaboratively by multiple providers, or if your practice does not have an official stamp, please include a letterhead front page with the relevant details.

Form Completion Instructions:

Please complete all sections of this form as completely and objectively as possible based on a current assessment of function to ensure an accurate understanding of the request for accommodation and impact on participation in the academic environment. A statement of diagnosis is not mandatory to register with Student Accessibility Services or receive accommodation; however, a full and detailed description of functional impact is required to determine reasonable and appropriate academic accommodations. Please note that accommodations are recommended based on functional impact and specific recommendations by health care providers are not guaranteed. Please ensure the student has provided consent prior to completing this form. Your time and consideration are appreciated.

The completed form can be sent directly to:

Brock University
Student Accessibility Services
ST 400 - 1812 Sir Isaac Brock Way
St. Catharines, ON
L2S 3A1

Fax: 905-688-7260

Phone: 905-688-5550 ext. 3240

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Section C: To be completed by the health care provider

Statement of Disability:

Please indicate the appropriate statement for this student in the academic setting:

- This student has a **permanent disability** with ongoing symptoms (chronic or episodic) that will impact the student **throughout their academic career and are expected to be lifelong.**
- This student has a **persistent or prolonged disability** that will impact the student **throughout the entirety of their academic career, has been present for more than 12 months, but not expected to remain with them for life.**
- This student has a **short-term, temporary** disability. **Accommodations are recommended from:**
Start date (YYYY/MM/DD): _____ End date (YYYY/MM/DD): _____
- This student is **being assessed to determine a diagnosis.** The assessment is likely to be completed by:
Date of referral (YYYY/MM/DD): _____

***Please note that UPDATED documentation will be required for accommodations beyond this date.**

Please indicate the diagnosis (if consent has been provided):

Please indicate the method(s) of assessment (e.g., clinical interview, BRIEF, GAD-7, PHQ-9, etc.):

Please indicate how long you have been providing care to this student:

- 6 months or more 1-6 months Less than one month First visit

Will this student be under your active and continuous care?

- Yes No

If providing treatment, please provide a general overview of the components and estimated time of treatment plan (e.g., biweekly counselling and daily medications, medication review every 3 months):

Is an emergency medical plan required for this student?

- No Yes – If so, please complete the ancillary form titled “Emergency Medical Response Plan.”

Does the student require or use a service animal/task-trained support animal?

- No Yes – If so, please complete the ancillary form titled “Service Animal Documentation Form.”

Does the student take any medication(s) and/or engage in any treatments that may impact their academic functioning?

- No Yes – If so, please describe impact(s) (e.g., medication impacts certain time of day):

If there are supporting documents available, please indicate and, with patient consent, attach a copy as appropriate:

- Psychoeducational Report (required for a student with a Learning Disability).
- Neurology/Neuropsychological Report.
- Psychologist/Psychiatrist Assessment Report.
- Ophthalmologist/Optomist Report.
- Audiologist Report.
- Rehabilitation Provider Report (e.g., physiotherapist, occupational therapist, speech language pathologist, social worker).
- Other: _____

Functional Impact in Academic Setting:

The table below collects information regarding the functional impact of the condition or disability within the academic setting. This form is designed to apply to all domains; please respond only to applicable areas. **The functional impact section of the form is to be completed by the health care provider.**

Level of Degree of Functional Impact	Associated Level of Accommodation and Support
No functional impact in the academic environment.	Accommodations are not required.
Mild functional impact or slight limitation.	Minimal accommodation or support required.
Moderate functional impact.	Student requires accommodations and support.
Significant functional impact.	Extensive accommodation and supports are required
Severe functional impact/activity restriction.	Even with extensive accommodations and supports, the student may be unable to participate due to activity restriction.

Cognitive Functioning, Skills, and Abilities

Task/Skill	None	Mild	Moderate	Significant	Severe	Unknown	Comment for Impact on Functioning
Example: Attention and concentration.			X				Tolerance for sustained attention is 30 minutes. Student may get distracted in exam settings.
Attention and concentration.							
Process and utilize written and verbal information (e.g., recall and comprehend).							
Plan, organize, and express information in written format.							
Plan, organize and manage time (executive functioning).							
Complete multiple tasks within a short time (e.g., multiple assignments in 1 week).							
Sustain cognitive effort for up to 3 hours.							
Independently plan and manage progress on long-term academic projects (e.g., thesis).							
Other (specify):							

Social/Emotional/Behavioral/Communicative Functioning, Skills, and Abilities

Task/Skill	None	Mild	Moderate	Significant	Severe	Unknown	Comment for Impact on Functioning
Example: Deliver oral presentations when prepared in advance.			X				Emotional regulation can be impacted when presenting to peers. May require use of notes.
Participate in small group discussion within lecture/seminar.							
Communicate/collaborate with others to complete group work.							
Communicate/collaborate with supervisors, faculty, and team to support academic work.							
Deliver oral presentations when prepared in advance.							
Adapt to changes (new rooms, change of deadlines).							
Understanding of social cues (verbal or non-verbal).							
Regulate emotions in assessment situations.							
Demonstrate insight and seek help.							

Other (specify):							
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Physical Functioning, Skills, and Abilities

Task/Skill	None	Mild	Moderate	Significant	Severe	Unknown	Comment for Impact on Functioning
Example: Ambulate/mobilize (up to 1km).				X			Student uses a wheelchair for mobility. Accessible spaces required.
Ambulate/mobilize (up to 1km).							
Push/pull/lift/carry materials/reach/bend (e.g., lift tolerance of up to 20 pounds).							
Sit for sustained periods of time.							
Stand for sustained periods of time.							
Fine motor (e.g., writing, manipulating objects).							
Impact of fatigue on ability to perform tasks.							
Impact of pain on ability to perform tasks.							
Other (specify):							

Sensory Processing/Functioning, Skills, and Abilities

Task/Skill	None	Mild	Moderate	Significant	Severe	Unknown	Comment for Impact on Functioning
Example: Tolerate screen time (e.g., eye fatigue).			X				Student utilizes text enlargement for reading. Technology should be considered.
Vision / hearing in academic environment.							
Tolerate bright light.							
Tolerate screen time (e.g., eye fatigue).							
Tolerate scent.							
Tolerate noise.							
Tolerate sensory input (e.g., seeking or avoiding stimuli such as sound, light, touch).							
Other (specify):							

Do you consider this student capable of effectively engaging with and managing the demands of academic life, including workload, deadlines, attendance, and participation, based on their current condition and abilities?

- The student is **not** currently capable of engaging in academic activities due to their condition.
- The student is capable of managing academic demands **without** the need for additional supports or accommodations.
- The student can engage with academic demands **with** appropriate supports. Please specify below:

Functional Impact in Work-Integrated Learning Settings:

Please describe any considerations for the student’s participation in experiential learning, (e.g., clinical placements, practicum, co-op, fieldwork, etc.), including settings with vulnerable populations.

Transportation: Are there any functional impacts of the condition/disability that may impact the student’s ability to travel to and from experiential learning sites (e.g., mobility, fatigue, reliance on public transportation)?

Scheduling and Hours: Are there any functional impacts of the condition/disability that may impact their ability to meet scheduling demands (e.g., full-time hours, long shifts, early or late hours, irregular schedules)?

Vulnerable Populations: Are there any functional impacts of the condition/disability that may affect the student’s capacity to work with vulnerable populations (e.g., children, seniors, individuals in crisis, patients)?

Safety and Risk Considerations: Are there any functional impacts of the condition/disability that may pose safety concerns for the student or others in experiential settings (e.g., ability to respond to emergencies, operate equipment, risk of symptom exacerbation)?

Environmental Considerations: Please describe any environments that may be unsuitable or require modification due to disability-related impacts and suggest accommodations where appropriate.

Functional Impact in Graduate Studies:

Please describe any considerations related to the student’s participation in advanced academic or professional activities, such as thesis or dissertation work, research assistantships (RA), teaching assistantships (TA), or other scholarly responsibilities (e.g., with vulnerable populations, in confidential settings, communication with supervisor, or involving ethical risk).

Additional Information:

Please use this space to provide any additional functional limitation(s) related to the student’s academic performance, engagement in experiential learning, and/or to provide any further information.

Professional Information:

Name of licensed medical professional (print):

License/Registration number:

Area of Specialty:

Official Stamp:

Signature:

Date:

Personal Information:

Brock University protects your privacy and your personal information. The personal information requested on the form is collected under the authority of the Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the purpose of determining academic accommodations. Direct any questions about this collection to the Manager of Student Accessibility Services at Brock University at 905-688-5550 ext. 3427.