

Disability Assessment Form

SECTION A: INFORMATION FOR STUDENTS

Academic Accommodation Support (AAS) at Toronto Metropolitan University (“TMU”, formerly Ryerson University) uses this form to confirm that you have a disability and to understand how your disability impacts your studies.

Section B of this form must be **completed by a provincially regulated and registered health care practitioner licensed to diagnose the condition** (eg. family physician, medical specialist, clinical psychologist, etc.)¹.

Once completed, visit the AAS registration webpage², select your preferred registration option, and upload this document through the online Intake Form. **You must submit the Intake Form and this documentation to proceed with registration.**

Student Information:

Name: _____ TMU Student ID#: _____

Phone Number: _____ Email address: _____

OPTIONAL: Release of Information

1. You are not required to disclose a specific mental health diagnosis, but confirmation of the presence of a disability, the disability type (i.e. mental health), and the specific functional limitations must be provided. If you consent to sharing your diagnosis, this information is kept confidential in accordance with the university’s *Information Protection and Access Policy*. Diagnosis for all other disability types is required.

If applicable, I consent to my health care provider identifying my mental health diagnosis:

- Yes, I consent to sharing my mental health diagnosis
 No, I would not like to identify my mental health diagnosis

2. I hereby authorize authority for Academic Accommodation Support (AAS) to communicate with the below named health care professional(s) to supply additional information relating to the provision of my academic accommodations and disability-related services: Yes No

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

AAS considers this permission valid for as long as you are a student at Toronto Metropolitan University or if you revoke your consent in writing, whichever comes first.

¹ Providing false information or altering this form is a violation of Senate Policy 60: Student Code of Academic Conduct.

² <https://www.torontomu.ca/accommodations/registration>

Why is this information required?

To receive reasonable and appropriate accommodations and support from AAS, students must “communicate their needs in sufficient detail and co-operate in consultations to enable the person responsible for accommodation to respond to the request.” (Ontario *Human Rights Code* Guidelines, 1994, p.17).

The Ontario Human Rights Commission’s *Guidelines* (1994) also state that the university, as the body responsible for accommodating, must have sufficient information “to properly assess the impact of the disability on the specific academic task and know how to make the requested accommodation.”

Protection of privacy

In accordance with Section 39(2) of the *Freedom of Information and Protection of Privacy Act*, 1990 (“FIPPA”), the information on this form is collected under the authority of the *Ryerson University Act*, 1977 for the purpose of providing reasonable and appropriate academic accommodations and supports for students with disabilities.

Personal information and personal health information that is collected for this purpose or for a consistent purpose, will be used, disclosed, retained and destroyed in accordance with university’s *Information Protection and Access Policy* and *Records Management Policy*.

A student’s personal health information is kept confidential within AAS and is only disclosed on a need-to-know basis or otherwise in accordance with applicable law.

If you have questions about the collection, use and disclosure of this information by TMU, contact Academic Accommodation Support: 416-979-5290, aasintake1@torontomu.ca.

SECTION B: INFORMATION FOR REGISTERED HEALTH CARE PRACTITIONER

Academic Accommodation Support (AAS) at Toronto Metropolitan University facilitates the provision of reasonable and appropriate academic accommodations and supports for students with disabilities.

To determine these accommodations and supports, AAS must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning.

The student is required to provide the university with documentation that is:

- Based on a current, thorough and appropriate assessment;
- Provided by a registered practitioner, qualified to diagnose the condition; and
- Supportive of the accommodation(s) being considered or requested.

Please note that a student's mental health diagnosis is not required to receive accommodations and support from AAS but full details of the impact(s) of the disability on the student's academic functioning must be included (see Part III). If the student consents to or requests that you provide a diagnosis statement in section A, this information is kept confidential in accordance with the university's *Information Protection and Access Policy*.

All relevant sections must be completed thoroughly and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to support services and government and school bursaries while attending university.

Careful completion of all relevant sections also ensures that a student who is currently receiving interim accommodations will have a full and appropriate accommodation and support plan once disability documentation is obtained.

AAS supports are available to students with documented disabilities. If no disability is present, students will be referred to other supports at the university.

Health Care Practitioner Information

Name (Please Print)		Registration / License #	
Specialty		Office Stamp (Business card or letterhead also accepted)	
<input type="radio"/> Family Medicine			
<input type="radio"/> Psychiatrist			
<input type="radio"/> Psychologist			
<input type="radio"/> Other Specialist Physician (<i>specify</i>):			
<input type="radio"/> Other (<i>specify</i>):			
<p>This form must be based on a current and thorough assessment and be completed by a provincially regulated and registered health care professional licensed to diagnose the condition.</p> <p>I am qualified to make a relevant diagnosis: <input type="radio"/> Yes <input type="radio"/> No</p>			
Signature		Date (dd/mm/yyyy)	

Part I: Assessment/Support History

- How long have you provided service to this student? _____
- Will you continue to provide service to the student? Yes No Unknown
- Methods used to diagnose disability and identify functional limitations (select all that apply):

<input type="radio"/> Behavioral Observations	Date(s): _____
<input type="radio"/> Clinical Assessment	Date(s): _____
<input type="radio"/> Diagnostic Imaging	<input type="radio"/> MRI <input type="radio"/> CT <input type="radio"/> EEG <input type="radio"/> X-Ray <input type="radio"/> Other
<input type="radio"/> Neuropsychological Assessment	Date(s): _____
<input type="radio"/> Psychoeducational Assessment	Date(s): _____
<input type="radio"/> Psychiatric Evaluation	Date(s): _____
<input type="radio"/> Other:	_____

Part II: Confirmation of Disability

1. Indicate the appropriate statement for this student in the current academic setting:

- Permanent disability** with ongoing (chronic or episodic) symptoms that will impact the student over the course of their academic career and is expected to remain throughout their life.
- Temporary disability** with anticipated duration (dd/mm/yyyy): From _____ to _____
If duration unknown, indicate reasonable duration for which student should be accommodated (i.e., number of weeks, months, end of term, etc.).
- Persistent/Prolonged disability** with ongoing symptoms that has lasted, or is expected to last, at least 12 months but is not a permanent disability.

2. Identify the student's primary disability and any concurrent diagnoses or conditions if applicable.

Nature of Disability	Primary Disability Check only one	Other Disabilities Check all that apply
Acquired Brain Injury	<input type="radio"/>	<input type="radio"/>
Attention Deficit (Hyperactivity) Disorder	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder	<input type="radio"/>	<input type="radio"/>
Chronic Illness	<input type="radio"/>	<input type="radio"/>
Deaf, Deafened, Hard of Hearing	<input type="radio"/>	<input type="radio"/>
Low Vision, Blind	<input type="radio"/>	<input type="radio"/>
Mental Health*	<input type="radio"/>	<input type="radio"/>
Physical Mobility	<input type="radio"/>	<input type="radio"/>
Other (If this student has a diagnosis of a learning disability, a psychoeducational assessment must be provided).	<input type="radio"/>	<input type="radio"/>
Diagnoses <i>Include DSM-V code, as applicable</i>	Date of Diagnosis	Diagnosed by you
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

***NOTE:** If the student consents to sharing their mental health diagnosis on page 1, please provide a clear **diagnostic statement, including the DSM-V Code.**

Part III: Impact(s) on Academic Functioning

1. This assessment form reviews all types of disabilities so there may be questions not relevant to the student. Please assess functional limitations and outline the impact(s) on academic functioning.

Mild	Student has some functional limitations and may require minimal academic accommodation(s) and/or support.					
Moderate	Student has prominent functional limitations and requires academic accommodation(s) and support.					
Serious	Student has a high degree of functional impairment that interferes with academic functioning and requires extensive academic accommodation(s) and support.					
Severe	Student has extreme functional impairment and may have difficulty meeting academic obligations even with extensive academic accommodations.					
	N/A	Mild	Mod	Serious	Severe	Impact on Academic Functioning
Academic Tasks						
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Taking Notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completing Assignments/Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Writing Tests & Exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Delivering Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Meeting Deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Participating in Group Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Functional Limitations	N/A	Mild	Mod	Serious	Severe	Impact on Academic Functioning
Cognitive Skills and Abilities						
Attention & Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Executive Functioning	Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Information Processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Short-Term Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long-Term Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Functional Limitations	N/A	Mild	Mod	Serious	Severe	Impact on Academic Functioning
Socio-Emotional						
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Managing a Full Course Load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Managing Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Social Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attending Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Functional Limitations	N/A	Mild	Mod	Serious	Severe	Impact on Academic Functioning
Physical Activity Intolerance						
Lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gross Motor Reaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine Motor Skills & Manual Dexterity Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Typing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stair Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting for Sustained Periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing for Sustained Periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Functional Limitations		N/A	Mild	Mod	Serious	Severe	Impact on Academic Functioning
Sensory							
Vision (Best corrected)	Right Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Left Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Bilateral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hearing (Best corrected)	Right Ear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Left Ear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Bilateral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Speech		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2. Does the student take any medication and/or engage in any treatments that may impact their academic functioning? If yes, describe impact(s) Yes No

3. Use this space to provide any additional functional limitation(s) related to the student's academic performance and/or to provide any further information.

Part IV: Accommodation Recommendation(s) - Optional

Based on the functional limitations indicated above, please share your recommendations and rationale for specific academic accommodations. AAS will review and consider these recommendations when determining an appropriate accommodation plan.

Suggested academic accommodations (optional):

Thank you for completing this form.

Contact Information:

Academic Accommodation Support (AAS)

Phone: 416-979-5290

Fax: 416-979-5094

Email: aasintake1@torontomu.ca

Web: www.torontomu.ca/accommodations