

# Disability Assessment Form

## INFORMATION FOR STUDENTS

Ryerson University's Academic Accommodation Support (AAS) uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning.

### Why is this information required?

To receive reasonable and appropriate accommodations and supports 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."

### Completing this form

This form must be based on a current and thorough assessment from an appropriate, registered health care professional qualified to diagnose the condition (family physician, medical specialist, clinical psychologist, etc.). The provision of supplementary documentation from other service providers (e.g. health or educational) is also welcome.

Do not use this form for a Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD) and/or Autism Spectrum Disorder (ASD) diagnosis. For those, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided.

The completed form must be sent directly by the health care professional to Ryerson University's Academic Accommodation Support by mail or fax.

### 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 Ryerson's *Information Protection and Access Policy* and *Records Management Policy*.

A student's personal health information is kept strictly confidential within AAS. AAS does not share this information with anyone else – including faculty and course instructors.

If you have questions about the collection, use and disclosure of this information by Ryerson, contact Academic Accommodation Support: 416-979-5290, [aasadmin@ryerson.ca](mailto:aasadmin@ryerson.ca).

## **INFORMATION FOR REGISTERED HEALTH CARE PROFESSIONALS**

Ryerson University's Academic Accommodation Support (AAS) 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 accommodations being considered or requested.

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

All relevant sections must be completed carefully 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.

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

For AAS office use only – date received (day/month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Student information:

Name: \_\_\_\_\_

Ryerson ID#: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Part I: Assessment/support history

1. How long have you provided service to this student? \_\_\_\_\_

2. Last date of clinical assessment (day/month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Will you continue to provide service(s) to the student while they attend Ryerson?

- Yes       No       Unknown

### Part II: Confirmation of disability

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

Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life

Temporary disability with anticipated duration (day/month/year):

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Unknown status. Indicate reasonable duration for which they should be accommodated and/or supported at this time (day/month/year):

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Identify the student's primary disability by selecting the most appropriate from the list provided. If applicable, identify any/all disabilities that co-occur with the primary one.

Nature of disability	Primary disability Check <b>only one</b>	Secondary/tertiary disabilities Check <b>all</b> that apply
Acquired brain injury		
Chronic illness/systemic/medical		
Deaf, deafened, hard of hearing		
Low vision, blind		
Mental-health related disability		
Mobility		
Other*		

\*Reminder: For LD, ADHD and/or ASD diagnosis, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided. This form will not be accepted.

3. Complete the following chart to indicate:

a) Diagnosis\*

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

b) Prognosis – anticipated duration

Diagnosis	Prognosis

### Part III: Treatment

1. Medication(s) and/or treatments that impact academic functioning?

- Yes       No       Not applicable

a) If yes, describe impact(s):

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2. Services(s) and/or support(s) recommended for participation in post-secondary academics (i.e. counselling, sign language interpreter, learning strategy support, etc.). Please provide rationale.

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### Part IV: Impact(s) on academic functioning

1. Select **applicable** functional limitation(s); the severity (where '1' has little impact; '4' has severe impact (i.e. the student cannot perform the task independently); and '0' is unable to assess/unknown); and describe the specific impact(s) on academic functioning. Use N/A (not applicable) where warranted.

Functional limitations	0	1	2	3	4	Impact on academic functioning
e.g. Writing				✓		Student unable to write for longer than 30 minutes due to flare in symptoms
e.g. Attention and concentration					✓	Student loses focus after 15 minutes of sustained attention, sensitive to distraction in the environment, difficulty completing assignments on time
e.g. Managing a full course load				✓		Unable to keep on readings and assignments for four or more courses
<b>Academic tasks</b>						
Listening						

Functional limitations	0	1	2	3	4	Impact on academic functioning
Reading						
Speaking						
Typing						
Writing						
<b>Cognitive</b>						
Concentration/attention						
Executive functioning (planning, organizing, problem solving, sequencing, time management)						
Information processing						
Long-term memory (recall/retrieve stored information)						
Short-term memory (information stored for about 30 seconds)						
<b>Difficulties with</b>						
Attending classes regularly						
Fatigue						

Functional limitations	0	1	2	3	4	Impact on academic functioning
Managing a full course load						
Managing stress						
Mood						
Social interactions						
Speech						
<b>Physical activity intolerance</b>						
Gross motor: Lifting over 5 lbs.						
Reaching above shoulders						
Bending						
Fine motor/manual dexterity						
Mobility: Climbing (stairs)						
Walking						
Sitting for sustained periods						
Standing for sustained periods						
Other:						

2. Sensory Disabilities. If applicable, please list or attach any vision and/or hearing impairment scores which impact academics.

a) Visual acuity loss (best corrected), left eye, right eye, bilateral

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b) Hearing loss (best corrected), left ear, right ear, bilateral. For hearing impairment, also include most recent audiogram.

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

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**Part V: Accommodation recommendation(s)**

Indicate specific recommendations for academic and/or placement accommodations and/or equipment/software. Recommendations must include a rationale as it relates to the impact(s) on the student's academic functioning as listed in Part IV.

Academic, placement and/or equipment/software accommodation recommendation(s)	Rationale



## Part VI: Health care professional

Please print except on signature line.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Professional designation: \_\_\_\_\_

License/registration#: \_\_\_\_\_

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Office stamp: (Business card or copy of letterhead also accepted)

**Thank you for completing this form with accuracy and careful consideration.  
The information will facilitate the supports requested by your client while at Ryerson University.**

Note: Providing false information or altering this form is a violation of Ryerson University's Senate Policy 60: Student Code of Academic Conduct

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### OPTIONAL: Release of information to be completed by the student

I, \_\_\_\_\_ hereby authorize express authority for Ryerson University Academic Accommodation Support (AAS) to communicate with above named professional to supply additional information relating to the provision of my academic accommodations and disability-related services.

Student signature: \_\_\_\_\_

Ryerson ID#: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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**The health care professional must send this form directly to Academic Accommodation Support by mail or fax. Students are not to submit this form.**

**Contact information and mailing address**

Academic Accommodation Support (AAS)  
341 Yonge Street, Toronto ON, M5B 1S1

Fax: 416-979-5094

Phone: 416-979-5290

Email: [aasadmin@ryerson.ca](mailto:aasadmin@ryerson.ca)

Web: [www.ryerson.ca/studentlearningsupport](http://www.ryerson.ca/studentlearningsupport)