DISABILITY ASSESSMENT FORM

Accessibility plans are meant to reduce or remove barriers for students to participate in, and have access to, university academic programs, activities, facilities and services. Dalhousie University’s Student Accessibility Centre (Halifax) and Student Success Centre (Truro) require completion of this form by a qualified medical assessor/practitioner in order to determine an appropriate student accessibility plan. All documentation received by the Centres are subject to Dalhousie's Records Management Policy regarding the use, storage, and disposition of records.

STUDENT

• Please complete this form with your medical assessor/practitioner or have your medical assessor/practitioner submit a letter in support of your request. Ensure your name and Dalhousie Banner ID # are clearly printed at the top of each page.

• The following information must be clearly stated: confirmation of the disability, a description of the barriers as they pertain to the academic learning and living environment, and suggestions (if any) for accommodation.

MEDICAL ASSESSOR /PRACTITIONER

• Please complete all sections relevant to the student’s disability.

• Please sign and date where indicated on this form.

• Students with a diagnosed learning disability must submit a current psycho-educational assessment.

Note to Students: Please upload this completed form to the documents tab within Accommodate at: [https://dal-accommodate.symplicity.com](https://dal-accommodate.symplicity.com)

To apply for, or update an accessibility plan, please also book an appointment with an accessibility advisor at: [https://www.dal.ca/campus_life/academic-support/accessibility/contact-us.html](https://www.dal.ca/campus_life/academic-support/accessibility/contact-us.html)

If you have additional questions, please phone (902)494-2836 or email access@dal.ca (for Halifax campuses) or (902)893-6672 or accessAC@dal.ca (for the Truro Campus).
CONFIRMATION OF DISABILITY

1) Does the student have a disability?  □ Yes  □ No

2) Date of diagnosis: __________________________________________________________

3) Date of last contact with student: ____________________________________________

4) Please describe how this disability may result in limitations/barriers in academic or daily living settings at university (e.g. sitting for long periods of time; ability to walk specific distances without fatigue; maintaining attention during a 50-80 minute lecture; potential absences; meeting the demands of a full course load of three courses/term or more.)
RECOMMENDED ACCOMMODATIONS (Optional)

Please select only the accommodations that are applicable to the student’s diagnosis and functional limitations. The student’s Advisor will review your recommendations alongside the academic requirements for a course and/or program, and other contexts, in the course of developing a plan.

Test/Exam Accommodations

☐ Extended time on exams. Please specify the rationale for this accommodation: (e.g. cognitive affects, mobility): ________________________________

☐ Assistive Technology: ___________________________________________

☐ Stop Time Breaks (used for stress reduction; medical procedures, nutrition breaks, etc.)

☐ Write in a distraction-reduced environment 

☐ Use of disability-specific assistive technology 

☐ Scribe 

☐ Cue Sheet

☐ Possibility of Test/Exam Deferrals 

☐ Use of Computer 

☐ Reader 

☐ Other: __________________________

Classroom Accommodations

☐ Note taking support

☐ Frequency Modulation system

☐ Sign Language Interpretation

☐ Possibility of Assignment Extensions

☐ Enlarged Handouts (size recommendation)

☐ Assistive Technology

☐ Ergonomic Furniture

☐ CART Services

Other Accommodations

☐ Residence 

☐ Fieldwork

☐ Clinical

☐ Co-op

☐ Internship

Please note: This is not an exhaustive list. Other supports can be discussed with the student and advisor.

Signature of Medical Assessor/Practitioner: __________________________________________

Print name, title, and location: ______________________________________________________

Telephone: __________________________ Date: __________________________

www.dal.ca/access