

Student Name: _____

Banner ID: _____

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>

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).

Student Name: _____

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CONFIRMATION OF DISABILITY1) 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.)

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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.)
- | | |
|--|---|
| <input type="checkbox"/> Write in a distraction-reduced environment | <input type="checkbox"/> Possibility of Test/Exam Deferrals |
| <input type="checkbox"/> Use of disability-specific assistive technology | <input type="checkbox"/> Use of Computer |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Cue Sheet | <input type="checkbox"/> Other: _____ |

Classroom Accommodations

- | | |
|---|--|
| <input type="checkbox"/> Note taking support | <input type="checkbox"/> Enlarged Handouts (size recommendation) |
| <input type="checkbox"/> Frequency Modulation system | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Sign Language Interpretation | <input type="checkbox"/> Ergonomic Furniture |
| <input type="checkbox"/> Possibility of Assignment Extensions | <input type="checkbox"/> CART Services |

Other Accommodations

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Fieldwork | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Co-op | <input type="checkbox"/> 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: _____