

In April of 2022, I started developing symptoms like dizziness, being lightheaded and feeling tired all of the time. I had tests done and was told that I was just anemic. I was put on the vitamin B12, and that was that. Soon after I started developing other, more uncomfortable symptoms. Every time I stood up it would be so painful in my knees, and my joints were always so swollen and sore. I could barely write because my wrists and hands were in so much pain. My family and I knew something definitely still wasn't right, so I had more tests done. In July 2022, I was diagnosed with Juvenile Idiopathic Arthritis (JIA). At the time I was only 16 years old when I was diagnosed. I felt very scared and alone. I continued to have different, uncomfortable, irregular and recurring symptoms throughout the whole summer and into the school year. I knew deep down that something still hadn't been uncovered about my health. I had more tests done, and in November 2022 I was diagnosed with Systemic Lupus Erythematosus (SLE). I was only 17 years old. At the beginning of my diagnosis, my life seemed like it was over. I was sick all of the time, missing school every other day, and isolating everyone out of my life because it felt like no one understood what I was going through. The more sick I became, the more depressed I was. During all of this, I was working at Heritage River, a retirement home. I had been working at the retirement home as a server since I was 15 years old. As my diagnosis progressed, I noticed that I really loved working with the elderly. With both me and the resident's sore joints, it felt like I had people who understood what I was going through, and I felt less alone. I felt very connected with the residents there, and I realized that I had a passion for working with the ageing population. I knew that I wanted to have a job that involved me working with the elderly, and I knew I wanted to have a bigger impact on their lives like they had on mine. I researched jobs that involved creating bigger impacts on the elderly's lives and came across recreational therapy. Recreational therapists plan and coordinate medically-approved recreation programs for patients in hospitals, nursing homes, or other establishments. Activities often include sports, trips, social activities, and crafts. A recreational therapist can also assess a patient's condition and recommend suitable leisurely activities for them! I knew that this was the perfect job for me. Despite my diagnosis, I am still the same person I used to be. I am a bubbly, creative, outgoing girl. I have grown to accept that I live with chronic illness, and I won't let it stop me from pursuing my passions in life. I want to help people so they don't feel isolated and alone like I did. I've seen first hand how scary and painful chronic pain can be, and I feel that I've chosen the perfect career path, because I will be able to relate to my patients in care.

# Provincial Report Card, Grade 9-12

## Completion of Requirements for Graduation

Semester 2	Reporting Period Final	Date 30-Jun-2023
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Student: Russell-Cudney (Russell), Abigail Kira	OEN: 886-469-998	Grade: 12	Homeroom: 1064 (4e )
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Diploma Requirements	Total Required	Earned This Report	Earned to Date
<b>Compulsory Credits</b>	<b>18</b>	<b>0</b>	<b>18</b>
English (1 credit per grade)	4	0	4
French as a second language	1	0	1
Mathematics (1 credit in Grade 11 or 12)	3	0	3
Science	2	0	2
Canadian history	1	0	1
Canadian geography	1	0	1
The arts	1	0	1
Health and physical education	1	0	1
Civics	0.5	0	0.5
Career studies	0.5	0	0.5
Group 1 English French as a second language Classical or international language Guidance and career education	Canadian and world studies Native Language Social sciences and humanities Cooperative education	1	0
Group 2 Health and physical education The arts French as a second language	Business studies Cooperative education	1	0
Group 3 Science (Grade 11 or 12) Technological education French as a second language	Computer studies Cooperative education	1	0
<b>Optional Credits</b>	<b>12</b>	<b>3</b>	<b>12</b>
<b>Total Credits Required for Graduation</b>	<b>30</b>	<b>3</b>	<b>30</b>
<b>Community Involvement</b>	<b>40 hours</b>		<b>52h 30m</b>
<b>Online Learning Graduation Requirement</b> N/A <input checked="" type="checkbox"/>			
<b>Specialist High Skills Major</b>			
<b>Ontario Secondary School Literacy Graduation Requirement</b> Completed <input checked="" type="checkbox"/>			

Principal's Signature: 

Date: 30-Jun-2023

**Your Mohawk Offer is Confirmed!**

1 message

**Mohawk College - Admissions Do Not Reply** <admissions.communications@mohawkcollege.ca>

27 January 2023 at 09:23

Reply-To: Mohawk College - Admissions <coach@mohawkcollege.ca>

To: abigail.russell@mohawkcollege.ca, ABBYCUDNEY8@gmail.com, admissions.communications@mohawkcollege.ca



**Get  
Future  
Ready**

January 27, 2023

OCAS Number: 230033889  
Your MohawkID: 000907436

**Congratulations Abigail!**

**Welcome to Mohawk College!** We have received your acceptance for the following program:

- **283 - Recreation Therapy, Semester 1 (Fennell Campus, Post Secondary Fall 2023)**

Congratulations on taking this very important step toward your future career!

**Need Help With Next Steps?**

Admissions is here to help you through what is next. If you have any questions about your application refer to the email, phone, and appointment contact options below.

Important information leading up to the start of your program will be sent to your [Mohawk email](#). This includes your Fee Statement and Registration and Fee Guide that will outline important dates, fee payment options, and timetable selection details. Visit the [Future Students](#) page to review your next steps to becoming a Mohawk student.

**Your Mohawk Account Information**

The details below allow you to access important applicant resources on [MyMohawk](#) and your [Mohawk email](#).

**MohawkID:** 000907436

**E-mail:** abigail.russell@mohawkcollege.ca

Thank you for choosing Mohawk College!

Sincerely,



**Lina Bombardieri**  
Acting Director, Enrolment Services and Systems

Email | **1-844-767-6871** | Book an Appointment



Reference: 916345 | Banner ID: 000907436 | BCM\_CONFIRM

CANADA ONTARIO		BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE	
NAME - NOM <b>RUSSELL, ABIGAIL KIRA</b>			
DATE OF BIRTH - DATE DE NAISSANCE <b>OCTOBER 31, 2005</b>	CERTIFICATE NUMBER NUMERO DU CERTIFICAT <b>01075012-002</b>		
BIRTHPLACE - LIEU DE NAISSANCE <b>CENTRE WELLINGTON</b>	SEX - SEXE <b>F</b>		
DATE OF REGISTRATION DATE D'ENREGISTREMENT <b>JANUARY 19, 2006</b>	REGISTRATION NUMBER NUMERO D'ENREGISTREMENT <b>2005-05-098932</b>		
ISSUED IN THE PROVINCE OF ONTARIO DELIVRE DANS LA PROVINCE DE L'ONTARIO <b>SEPTEMBER 21, 2010</b>			
			
<i>Judith M. Hartman</i> REGISTRAR GENERAL, AGENT GENERAL DE L'ETAT CIVIL		<i>H. Stakhoev</i> REGISTRAR GENERAL, AGENT GENERAL DE L'ETAT CIVIL	
CERTIFIED EXTRACT FROM BIRTH REGISTRATION EXTRAIT CERTIFIE DES REGISTRES DE LA NAISSANCE FORM 28 VITAL STATISTICS ACT 11128			

## Dr. Mark Matsos FRCP(C)

Associate Professor of Medicine, Division of Rheumatology, McMaster University  
Hamilton Health Sciences, Boris Clinic - 1280 Main Street West HSC 3H1A  
Hamilton, ON L8S 4K1  
Phone: (905)521-2100 x 76401 Fax: (905) 332-9244

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08-May-2023

**Patient:** Ms. Abi Russell  
**PHN:** 7483 136 151FF  
**Birthdate:** 31-Oct-2005

### Regarding Patient:

Abi Russell  
11 Wellington Drive  
Elora, ON  
(519) 546-5347  
7483 136 151FF  
31-Oct-2005

### To Whom it May Concern:

This patient is under my care for the management of pediatric onset systemic lupus erythematosus.

Sincerely,



Mark Matsos, MD  
Electronically Reviewed to Expedite Delivery



123071135

Abigail Russell  
11 Wellington Dr  
Elora, ON N0B1S0  
Canada

Date: June 1, 2023  
Account: 023071135  
Student no: 000907436  
School: Mohawk College  
Program: Recreation Therapy (283)  
Study period: Sep 6, 2023 to Apr 20, 2024  
Financial aid Mohawk College  
office: Financial Assistance  
135 Fennell Ave West  
Hamilton, ON L9C 0E5  
(844) 767-6871

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## Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) and/or Ontario Learn and Stay Grant purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP and/or the Ontario Learn and Stay Grant may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). These two programs help eligible students in full-time or part-time studies with the costs of eligible disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-DSE application to be considered. The application is available on the OSAP website ([ontario.ca/osap](http://ontario.ca/osap)). Students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.

## Help is available

The Office for Students with Disabilities or the financial aid office at your school can help you with any questions about this form. The Office for Students with Disabilities can also provide information about disability-related equipment, supports and services available at your school. For more information, see the "Questions?" section on page 2.

## How to complete this form

There are two parts to this form:

- Section A is your consents and declarations, which you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing). Send all pages of Section B to your health care provider to complete regarding your disability.

Normally, you are only required to have this form completed once. Your health care provider may charge you a fee for completing the form. You are responsible for paying this fee.

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## How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

### Upload it online:

You can upload your completed form online. Log into the OSAP website and go to your OSAP or Ontario Learn and Stay Grant application to use the "Print or upload documents" feature.

### Send the form:

Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

## Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students, OSAP Application for Part-Time Students, or Ontario Learn and Stay Grant Application, this completed form must be received by your financial aid office or the ministry no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

## Questions?

If you need help with this form, contact the financial aid office at your school.

The Office for Students with Disabilities can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.



123071135

Abigail Russell  
11 Wellington Dr  
Elora, ON N0B1S0  
Canada

Date: June 1, 2023  
Account: 023071135  
Student no: 000907436

School: Mohawk College  
Program: Recreation Therapy (283)

Study period: Sep 6, 2023 to Apr 20, 2024

Financial aid Mohawk College  
office: Financial Assistance  
135 Fennell Ave West  
Hamilton, ON L9C 0E5  
(844) 767-6871

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**Section A: Consents and declarations of student****Part 1: Required consents and declarations**

- I agree that until my loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP) and Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
  - I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP in the future, and may take legal action and may require me to repay any disability-related OSAP funding that I received as a result of any false or misleading statement.
  - I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
  - I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
  - I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.
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**Part 1: Required consents and declarations (continued)**

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

**Student's signature:****Date:**

Day Month Year

Abigail Russell

 Digitally signed by Abigail Russell  
 Date: 2023.06.06 18:50:09 -04'00'

0	6	0	6	2	0	2	3
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**Part 2: Optional consent and declaration of student**

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's Office for Students with Disabilities.

**Why would this be helpful?**

- Giving your consent for the information on this form to be shared with your school's Office for Students with Disabilities may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). (Note: students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.)

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's Office for Students with Disabilities if it's required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment – Students with Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

**Student's signature:****Date:**

Day Month Year

Abigail Russell

 Digitally signed by Abigail Russell  
 Date: 2023.06.06 18:50:37 -04'00'

0	6	0	6	2	0	2	3
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The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP).

Your personal information will be used to administer and finance OSAP as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

**Section B: Verification of patient's disability**

To be completed by the student's health care provider (physician or other regulated health care professional).

The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or accommodations under the Ontario Student Assistance Program (OSAP) and/or the Ontario Learn and Stay Grant. Eligibility is based on factors including but not limited to the student's disability meeting the federal definition of either "permanent disability" or "persistent or prolonged disability" and resulting in functional limitations that restrict their ability to perform daily activities necessary to pursue postsecondary studies. Provide clear statements about your patient's disability-related functional limitations and educational barriers. Avoid vague terms like "suggests" or "is indicative of". If more space is required, provide additional details on your official letterhead and attach it to this document.

**Complete Section B: Parts 1-6. If any questions or fields are left blank, your patient will not be considered to have a permanent disability or a persistent or prolonged disability for OSAP and/or Ontario Learn and Stay Grant purposes. Return the completed form and any attachments to your patient.**

**Patient information**

Student name:

Abigail Russell

Date of birth:

October 31, 2005



123071135

**Part 1: Physician or regulated health care professional information**

First name:

J U L I E

Area code and telephone number:

9 0 5 5 2 1 2 1 0 0

Last name:

H E R R I N G T O N

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist  
 ☐ Chiropractor  
 ☐ Neurologist  
☐ Nurse Practitioner  
 ☐ Occupational Therapist  
 ☐ Ophthalmologist  
 ☐ Optometrist  
☐ Physician – Family  
 ☐ Physician – Psychiatrist  
☒ Physiotherapist  
☐ Psychologist or Psychological Associate  
 ☐ Rheumatologist

**This form will NOT be accepted if the chart below is incomplete or submitted without a stamp or signed letterhead**

**Canadian Provincial/  
Territorial Licence #**

10974

**Address**

 Hamilton Health Sciences, Boris Clinic  
 1200 Main Street West, HSC 3H1A  
 Hamilton, Ontario  
 L8S 4K1

Place office stamp here - if you do not have an office stamp, you must sign and attach your letterhead to this form

Student:

Account #:

School:

Abigail Russell

023071135

EVBO



123071135

**Part 2: Patient's disability status****A. Permanent disability status**

For OSAP and/or Ontario Learn and Stay Grant purposes, the federal government defines a **permanent disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

**Does the patient have a permanent disability?**

☒ Yes☐ No**B. Persistent or prolonged disability status**

For OSAP and/or Ontario Learn and Stay Grant purposes, the federal government defines a **persistent or prolonged disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- has lasted, or is expected to last, for a period of at least 12 months, but
- is not expected to remain with the student for their expected life.

**Does the patient have a persistent or prolonged disability?**

☐ Yes☒ No

If you answered "**No**" to **both** questions above (i.e., "Does the patient have a permanent disability?" and "Does the patient have a persistent or prolonged disability?"), then you may bypass Parts 3-5 and go directly to Part 6 to provide your declaration and signature. Your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP and/or Ontario Learn and Stay Grant purposes. Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.

Student:

Account #:

School:

Abigail Russell

023071135

EVBO



### Part 3: Nature of patient's disability

Check all that apply:

- ☐ **Acquired Brain Injury**
- ☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**
- ☐ **Autism Spectrum Disorder**  
(e.g., autism, pervasive developmental disorder)
- ☒ **Chronic health/medical disability**  
(e.g., Crohn's disease, epilepsy, chronic pain, heart condition)
- ☐ **Deaf, deaf, deafened or hard of hearing**
- ☒ **Functional / mobility impairment**  
(e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)
- ☐ **Learning disability**

Note: OSAP eligibility criteria require that psycho-educational assessments must have been performed in the last 5 years or since the patient was 18. Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP purposes.

Answer the following questions:

**Has a psycho-educational assessment been performed by a registered psychologist?**

☐ Yes

☐ No

**If "Yes", enter the date of the most recent assessment:**

Day    Month    Year

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**Was a learning disability confirmed?**

☐ Yes

☐ No

- ☒ **Mental health impairment**
- ☐ **Visual impairment**
- ☒ **Other disability not indicated above – Specify:**

Polyarticular JIA (Juvenile Idiopathic Arthritis), and SLE (Systemic Lupus Erythematosus).

Student:

Account #:

School:

Abigail Russell

023071135

EVBO



123071135

**Part 4: Mobility/movement and/or sensory impacts**

Check all that apply:

☐ No mobility/movement or sensory impacts☒ Ambulation ☒ Standing ☒ Sitting ☒ Stair climbing ☒ Lifting/carrying/reaching☒ Grasping/gripping/dexterity ☐ Low vision (after correction) ☐ Legally blind ☐ Hearing loss☒ Sensory impacts - Specify: Raynaud's flareups☐ Other - Specify:

Describe impact(s):

Chronic pain in almost all her joints, with stiffness, swelling, and inflammation, which impacts her mobility/movement. It poses lifelong risk of complications and potential impact to kidneys, brain and central nervous system, skin, muscles, blood and blood vessels, lungs, and heart. Flareups and disease activity are unpredictable.

**Part 5: Cognitive and/or behavioural impacts**

Check all that apply:

☐ No cognitive or behavioural impacts☒ Attention and concentration ☒ Memory ☐ Information processing (verbal and written)☒ Stress management ☒ Organization and time management ☒ Social interactions☒ Communication☐ Other - Specify:

Describe impact(s):

Abigail is impacted by the following conditions: Chronic & extreme fatigue, gastrointestinal issues incl. extreme nausea, emotional fluctuations, stress & anxiety, headaches, dizziness, lack of concentration & focus (brain fog), and memory loss. Abigail is at higher risk of infections due to weakened immune system. This can result in missed classes, lost study time or need for reduced course load.

**Part 6: Declaration of physician or regulated health care professional**

I certify that the information provided on this form is accurate. If I answered "Yes" to either question in Part 2, I certify that the patient identified above experiences the disability-related functional limitation(s) and/or educational barrier(s) indicated on this form.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:

Date:

Day Month Year

0	7	0	6	2	0	2	3
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