

## DOCUMENTATION OF DISABILITY AND RECOMMENDATIONS

MacEwan University policy requires that students who are seeking academic accommodations, due to a diagnosed condition, provide relevant documentation to Access and Disability Resources (ADR).

Student must **REQUEST** and **SIGN** an ADR consent form via email to [myaccess@macewan.ca](mailto:myaccess@macewan.ca), prior to sharing their documentation.

Please complete this form and return to MacEwan's ADR's office and/or return it to the student to deliver to ADR.

**ALL FIELDS MUST BE COMPREHENSIVELY COMPLETED BY A MEDICAL PROFESSIONAL. (PLEASE PRINT)**  
**DETAILED INFORMATION WILL HELP FACILITATE APPROPRIATE SUPPORTS, ACCOMMODATIONS AND FUNDING.**

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

Date of Birth: \_\_\_\_\_

Is there a Diagnosis of Disability or Medical Condition: ☐ Yes ☐ No ☐ Under Investigation

If Yes, the Diagnosis is: ☐ Permanent ☐ Chronic ☐ Degenerative ☐ Temporary: Valid until \_\_\_\_\_, 20\_\_\_\_

How long have you known/treated the student? \_\_\_\_\_  
If temporary accommodations are recommended, updated documentation will be required after the 'Valid until' date.

**Diagnosis (recommended) and Description of Functional Effects (required)** To qualify for Canada Student Grant for Permanent Disability funding (see Page 2), diagnosis is required **AND** DSM nomenclature is required if diagnosis is psychological.

**Description of how the diagnosis was made.** Must include brief history, sources of information (may include years you have known individual), differential diagnostic considerations, and confirmation that all diagnostic criteria met.

**What specific aspects of a typical university experience will likely create barriers to the student meeting course requirements, given the disability and/or medication side effects.** As examples, barriers may occur within lecture note taking, study, exam, assignment, field or clinical placements, or course load expectations.

**Recommendations for resources, supports, and accommodations to remove barriers to learning. MAY INCLUDE:** access to course materials; supports for learning; additional time; disability-related absence; course load; learning/assessment and environment; and or psychological/medical needs.

Medical Professional's Name and Credentials (PLEASE PRINT)

Medical Professional's Address

Medical Professional's Signature

Date

November 29, 2022

Medical Professional's Telephone Number

**YOU CAN RETURN THIS FORM TO:**

Access and Disability Resources  
MacEwan University, City Centre Campus  
Room 7-166 10700 - 104 Avenue NW  
Edmonton, AB T5J 4S2

Phone: 780- 497- 5886  
Fax: 780- 497- 4018  
Email: [myaccess@macewan.ca](mailto:myaccess@macewan.ca)

### PRIVACY NOTIFICATION STATEMENT

The personal information in this form may be disclosed by a Custodian under the Health Information Act, s.35(1)(b), and is collected by MacEwan under the FOIP Act, s.33(c)

For questions, contact MacEwan's Privacy Lead at [privacy@macewan.ca](mailto:privacy@macewan.ca) or by phone at (780)483-5423.

## Documentation Requirement Details

To qualify for the Canada Student Grant for Students with Permanent Disabilities, documentation of disability must confirm that the disability is **permanent** (is expected to remain with the person for the person's expected life) and meet the following requirements depending on the nature of the disability:

Type of Disability	Documentation Required	Additional Notes
<b>Deafness, Hearing Loss</b>	<ul style="list-style-type: none"> <li>Audiologist report or</li> <li>Letter/form from a physician with an explanation of the degree of hearing loss</li> </ul>	<ul style="list-style-type: none"> <li>Must describe degree of hearing loss (mild, moderate, severe, profound).</li> <li>Recommendation for hearing aids and/or amplification system</li> </ul>
<b>Blindness, Vision loss or Vision impairment</b>	<ul style="list-style-type: none"> <li>Report from vision specialist including Ophthalmologist, Optometrist or Orthoptist or</li> <li>Letter/form from physician with a detailed description of the functional limitation</li> </ul>	<ul style="list-style-type: none"> <li>Must describe the relevant functional issues including, but not limited to, the following: acuity, visual field, stamina, effects of progressive condition.</li> <li>A copy of a CNIB card is not sufficient as this does not explain the degree of impairment and or functional effects.</li> </ul>
<b>Learning Disability</b>	<ul style="list-style-type: none"> <li>Psycho-educational report completed by a Registered Psychologist</li> <li>Neuro-psychological assessment report</li> <li>A physician's diagnosis is not acceptable</li> </ul>	<ul style="list-style-type: none"> <li>Must be no older than 5 years, if completed before the age of 18, and must reflect current functioning</li> <li>Must confirm a diagnosis of at least one learning disability.</li> </ul>
<b>Speech</b>	<ul style="list-style-type: none"> <li>Speech language pathologist report</li> </ul>	<ul style="list-style-type: none"> <li>Provide diagnosis/functional limitations</li> </ul>
<b>Mobility</b>	<ul style="list-style-type: none"> <li>Report from a relevant medical specialist</li> <li>Letter/form from physician with detailed description of disability and functional limitations</li> </ul>	<ul style="list-style-type: none"> <li>Must provide the diagnosis of disability</li> <li>A functional assessment is ideal, as this would describe the degree of functional limitation and appropriate supports, but may be difficult to get.</li> </ul>
<b>Attention Deficit/Hyperactivity Disorder (ADHD)</b>	<ul style="list-style-type: none"> <li>Psychological Assessment report completed by a Registered Psychologist</li> <li>Neuro-psychological assessment report</li> <li>Letter or form completed by psychiatrist</li> <li>Letter or form completed by a physician with details about the diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Details from a physician to include a description of how the diagnosis was arrived at, demonstrating childhood history if available, differential diagnosis, etc.</li> </ul>
<b>Psychiatric or Psychological</b>	<ul style="list-style-type: none"> <li>Psychologist's report</li> <li>Letter or report from psychiatrist</li> <li>Letter /form from physician with details about how they reached the diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Must include a specific diagnosis from the current DSM, and explain functional limitations and history.</li> </ul>
<b>Autism, Asperger's, Rett</b>	<ul style="list-style-type: none"> <li>Psychologist's report</li> <li>Psychiatrist's report, letter or form</li> </ul>	<ul style="list-style-type: none"> <li>Must include specific diagnosis and description of functional effects</li> </ul>
<b>Brain Injury or Neurological condition</b>	Report completed by one or more of the following: <ul style="list-style-type: none"> <li>Neurologist</li> <li>Physiatrist</li> <li>Neuro-psychologist</li> <li>Psychiatrist</li> <li>Physician</li> </ul>	<ul style="list-style-type: none"> <li>Must confirm the specific diagnosis (e.g. traumatic brain injury, brain tumor, epilepsy, multiple sclerosis, stroke, etc.), and details regarding the functional effects</li> </ul>
<b>Other Permanent Disability</b>	<ul style="list-style-type: none"> <li>Report or form completed by qualified specialist for the diagnosed condition</li> </ul>	<ul style="list-style-type: none"> <li>Must include diagnosis and functional effects</li> </ul>
<b>Chronic Fatigue or any other Chronic Medical condition</b>	<ul style="list-style-type: none"> <li>Detailed letter/form from physician</li> </ul>	<ul style="list-style-type: none"> <li>Must include diagnosis and functional effects</li> </ul>
<b>Irlen's Syndrome</b>	<ul style="list-style-type: none"> <li>Assessment report from certified Irlen screener</li> </ul>	<ul style="list-style-type: none"> <li>Must include diagnosis and functional effects</li> </ul>