

## **Redefining Education: My Mission for Inclusion**

When I was a kid, school was my playground. I loved the thrill of learning something new, the rush of acing a test, and the joy of sharing what I'd learned with others. But life threw me a curveball when I acquired my disability. Navigating a world that wasn't designed with accessibility in mind became my new reality, revealing the systemic barriers many students face daily. Yet, it was this very experience that sparked a fire within me to pursue a career in teaching, with a focus on inclusive education.

You see, my disability gave me a unique lens through which I viewed the education system. I started to see the cracks and gaps that many students, not just those with disabilities, fall through. I realized how crucial it was to create a school environment where every student, regardless of their background or abilities, could thrive by building a more inclusive and supportive learning environment. This revelation wasn't just a challenge; it was a call to action that drove me to become a teacher who could make a meaningful difference with my lived experience.

So, I decided to become a teacher. But not just any teacher—I wanted to be a champion for inclusive education. Choosing to study education was a deliberate decision fueled by my desire to transform my personal challenges into a source of strength and advocacy for others. Imagine a classroom where every student feels seen, heard, and valued. A place where learning isn't one-size-fits-all but is tailored to meet the diverse needs of each child. That's the future I envision, and that's what I'm working towards by jumping deep into principles such as Universal Design for Learning, differentiated instruction, and culturally responsive teaching.

Throughout my studies, I have been committed to understanding how to make education accessible to all. I have explored innovative teaching methods that cater to different learning

styles and ensure every student can fully participate in classroom activities. This journey has been eye-opening, reinforcing my belief that education should be adaptable and responsive to the needs of all students. This isn't just about ticking boxes; it's about transforming lives.

Working with students from various backgrounds has been incredibly rewarding. I've seen how small adjustments, such as providing alternative formats for assignments or creating sensory-friendly spaces, can significantly enhance a student's learning experience. These moments have affirmed my decision to pursue a career in teaching and strengthened my resolve to build an inclusive classroom.

What drives me is the belief that every child deserves a fair shot at success. My disability isn't a hindrance; it's my superpower. It's given me empathy, resilience, and a relentless drive to break down barriers in the education system. I want to be the teacher who not only teaches but also inspires, who not only instructs but also advocates.

As I move closer to becoming a teacher, my mission is clear. I'm here to build a school system that celebrates diversity and fosters inclusion. I'm here to make sure that no student ever feels left out or overlooked. And I'm here to show that with the right support and mindset, every child can achieve greatness.

My disability has shaped my journey in the most profound way, transforming challenges into a purpose-driven path toward making a difference in the lives of students. I'm excited to be part of this new generation of educators dedicated to creating a brighter, more inclusive future for all students. Together, we can build a world where every child can shine, and where the education system reflects the diverse and vibrant society we live in.

Office of the University Registrar  
Gordon Hall  
74 Union Street  
Kingston, Ontario  
K7L 3N6  
[forms.requests@queensu.ca](mailto:forms.requests@queensu.ca)



### Verification of Enrolment

**Student Name:** Chow, Lilianna Phyllis Ying  
**Student ID:** 20323403  
**Student's Address:** 1343 W 47 Ave  
Vancouver, BC, V6M 2L7

<b>Program(s) of Study</b> 1. BSCH Chemistry 2. BED Primary-Junior 3. CQEIC Entrepreneur Innov Creativity	<b>Country of Academic Institution</b> Canada
<b>Current Academic Year</b> 2024	<b>Number of Degree Credits Successfully Completed</b> 75 Units
<b>Academic Year Start and End Dates</b> 2024-09-01 to 2025-04-30	<b>Current Enrolment</b> 4.5 Units, Year 03, Part-Time

#### Legend ? Course Weighting and Program Length:

##### Faculty of Arts and Science; Faculty of Education; Faculty of Health Sciences; Smith School of Business

Normal full-time course load for one year ranges from 18 to 36 units  
Bachelor degree; three-year program  
Bachelor (Honours) degree; four-year program  
Bachelor of Commerce; four-year program  
Bachelor of Education/Diploma in Education; two-, three-, and four-term programs  
Smith School of Business; length of various graduate programs available at <http://business.queensu.ca/index.php>

##### Stephen J.R. Smith Faculty of Engineering and Applied Science

Normal full-time course load for one year ranges from 23 to 46 units  
Bachelor degree; four-year program

##### Faculty of Law

Normal full-time course load for one year ranges from 17 to 34 units  
Three-year program

##### Faculty of Health Sciences (School of Nursing)

Normal full-time course load for one year ranges from 18 to 33 units  
Four-year program

##### Faculty of Health Sciences (School of Medicine)

Four-year full-time program

##### School of Graduate Studies and Postdoctoral Affairs

Full-time program or part-time program  
Normal full-time program length ranges from one to seven years depending on the individual program

This document was produced on and correct as of July 23, 2024 and was made available to the student using a secure authorized login protocol.

#### Name of Designated Official

Suzanne Arniel  
Associate University Registrar, Student Records and Services

#### Signature of Designated Official

#### Institution's Stamp



[illegible]

## AM I ELIGIBLE?

## APPLICANTS MUST:

- Have a **Permanent Disability (PD)** defined as:

*“any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and that is expected to remain with the person for the person’s expected life.”*

- Or a **Persistent or Prolonged Disability (PPD)** defined as:

*“any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary 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 person for the person’s expected life.”*

Note: Not all medical conditions are considered a disability for the purpose of StudentAid BC program funding.

- Demonstrate financial need through the StudentAid BC program for full-time or part-time studies;
- Not be in default of a Canada student loan to be eligible for CSG-D or CSG-DSE;
- Not be in default of a B.C. student loan to be eligible for the SBSD, BCAG-D, BCAG-DS or APSD; and
- Not be ineligible for a Canada or B.C. student loan due to bankruptcy.

## WHAT AM I ELIGIBLE FOR?

## 1. Grants and Bursaries

- **Canada Student Grant for Students with Disabilities (CSG-D)** – non-repayable grant of \$2,800 per program year for full-time or part-time study.
- **B.C. Supplemental Bursary for Students with Disabilities (SBSD)** – non-repayable grant of \$800 per program year for full-time (40% course load or greater) or \$400 for part-time (20 to 39% course load) students attending a designated post-secondary school in B.C.
- **B.C. Access Grant for Students with Disabilities (BCAG-D)** – non-repayable grant of up to \$1,560 per program year to reduce B.C. student loan debt for full-time students attending a designated post-secondary school in B.C.
- **B.C. Access Grant for Deaf Students (BCAG-DS)** – non-repayable grant of up to \$30,000 per program year to Deaf Students attending Gallaudet University or the Rochester Institute of Technology.

## 2. Services and Equipment (Section 3)

- **Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE)** – non-repayable grant of up to \$20,000 per program year for the purchase of educational related specialized services and/or adaptive equipment.

If you have exhausted your CSG-DSE funding for the year, you may be eligible for the following program:

- **Assistance Program for Students with Disabilities (APSD)** – non-repayable grant of up to \$10,000 (\$12,000 if attendant care is required at school) per program year for the purchase of educational related specialized services and/or adaptive equipment for students attending a designated post-secondary school in B.C. Non-post secondary level students attending a designated post-secondary school in British Columbia should contact the Accessibility Coordinator at their post-secondary school for additional information.

## 3. Disability Assessment Reimbursement (CSG-DSE)

This application allows you to apply for reimbursement of up to 100% of the cost of a medical assessment done to verify a disability (maximum of \$3,500). This funding is included in the maximum \$20,000 available through the CSG-DSE.

The medical assessment must clearly indicate that the diagnosed condition meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.



## HOW DO I VERIFY MY DISABILITY?

### Verification of Disability (PD or PPD) (Section 4)

In order to be eligible for these Disability Programs, you must verify your disability as either Permanent Disability, or Persistent or Prolonged Disability. Section 4 of this application must be completed by a qualified medical assessor in Canada.

Your physician or another qualified medical assessor must clearly indicate how your disability impacts you on a daily basis in an educational setting.

## HOW DO I APPLY?

**SECTION 1** – All students must complete.

**SECTION 2** – All students must read and sign the declaration.

**SECTION 3** – To be completed by the Accessibility Coordinator or designated school official, if applicable.

**SECTION 4** – Verification of Disability (Permanent or Persistent/Prolonged). Have this section completed by a qualified medical assessor in Canada.

**CONTACT YOUR ACCESSIBILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL  
FOR ASSISTANCE IN COMPLETING THIS APPLICATION**

PROGRAM	REQUIRED DOCUMENTATION FOR DISABILITY (PERMANENT OR PERSISTENT/PROLONGED)
CSG-D SBSD BCAG-D BCAG-DS CSG-DSE	<ul style="list-style-type: none"><li>• Verification of disability (Permanent or Persistent/Prolonged) section and supporting medical documentation<ul style="list-style-type: none"><li>- Completed by a qualified medical assessor (i.e., physician, psychologist, etc.) in Canada</li><li>- Current within 3 years</li><li>- Must indicate the daily impact on your ability to participate fully in your studies</li></ul></li><li>• Learning Disability documentation<ul style="list-style-type: none"><li>- a copy of a current psycho-educational assessment</li><li>- psycho-educational assessment must have been completed within the past five years, or the assessment must have been conducted at age 18 or later.</li></ul></li></ul> <p><b>Note:</b> Medical documentation is usually only required once to establish your disability status. However, StudentAid BC reserves the right to request additional documentation at any time it is deemed necessary to confirm or re-establish disability status.</p>
CSG-DSE and / or APSD (in addition to the above documentation)	<ul style="list-style-type: none"><li>• A copy of your confirmation of your current program.</li><li>• One cost estimate listing contact information, qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, hourly rate and how often per day/week.</li></ul> <p><b>Note:</b> Family members can only provide services under exceptional circumstances and must be pre-approved by StudentAid BC.</p>
Disability Assessment Reimbursement (CSG-DSE)	<ul style="list-style-type: none"><li>• An original receipt confirming payment. An invoice is not acceptable.</li><li>• A copy of the applicable medical documentation must be attached.</li><li>• The medical documentation must clearly indicate a diagnosis that meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.</li></ul>

## SUBMISSION INSTRUCTIONS

**Upload your completed and signed Appendix 8 to your StudentAid BC Dashboard.**

**If you are applying for equipment only through the CSG-DSE, contact:**

**Assistive Technology - British Columbia**

108 – 1750 West 75<sup>th</sup> Avenue

Vancouver B.C. V6P 6G2

Phone: 604 264-8295

Fax: 604 263-2267

# Appendix 8

Canada

DISABILITY PROGRAMS APPLICATION



StudentAidBC

## SECTION 1: ALL STUDENTS MUST COMPLETE THIS SECTION

Student Last Name

C h o w

Student First Name

L i l i a n a

Initial

Mailing Address

All mail will be sent to this address

1 3 4 3 W 4 7 A v e

Apt/box/suite number

City/Town

V a n c o u v e r

Province/State

B C

Postal Code/Zip Code

V 6 M 2 L 7

Area Code

7 7 8

Telephone Number

8 2 9 - 1 0 4 2

Email Address

2lilianachow@gmail.com

Date Classes Start

Year Month Day  
- - -

Date Classes End

Year Month Day  
- - - to - - -

Social Insurance Number

- - - - -

StudentAid BC Application Number

- - - - -

Student Number

2 0 3 2 3 4 0 3

Personal Education Number (if known)

- - - - -

Date of Birth

Year Month Day  
2 0 0 4 - 0 8 - 0 1

Gender

☐ Man

☒ Woman

☐ Non-Binary

☐ Prefer not to answer

Citizenship Status (Mark one box only)

☒ Canadian Citizen

☐ Protected Person

☐ Permanent Resident

Name of School

Queen's University

Campus

Kingston, ON

MINISTRY USE ONLY

### REQUIREMENTS

YOUR DISABILITY STATUS MUST BE SUBMITTED TO

STUDENTAID BC AT LEAST 6 WEEKS BEFORE THE DATE CLASSES END.

## SECTION 2: DECLARATION – IMPORTANT DOCUMENT; YOU MUST READ, SIGN AND DATE

I am applying for assistance under any one or more of the disability programs outlined in this appendix.

I UNDERSTAND THAT THIS APPENDIX FORMS PART OF MY APPLICATION FOR STUDENT FINANCIAL ASSISTANCE AND AS SUCH INCLUDES ALL TERMS AND CONDITIONS AS STATED IN THE FULL TIME OR PART TIME STUDENTAID BC APPLICATION DECLARATIONS.

In addition to the terms and conditions stated in the Full Time or Part Time StudentAid BC Application Declarations, I also understand that;

- 1) If I receive money to pay for educational related specialized services through the Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE) while at a public or private post-secondary institution, or the Assistance Program for Students with Disabilities (APSD) program while at a private post-secondary institution, I will provide to StudentAid BC, at the end of my study period, receipts showing that the funds were spent for their intended purpose, and will repay any unused funds to the British Columbia Minister of Finance.
- 2) If I am attending a post-secondary institution in B.C., I will only request funds from the APSD program after I have exhausted all funds available through the CSG-DSE.
- 3) I give permission to my physician or medical professional to disclose information directly related to my disability to the Ministry of Post-Secondary Education and Future Skills or Assistive Technology British Columbia (The Board of Education of School District No. 39 (Vancouver) also known as Vancouver School Board) for the purposes of verifying or investigating information pertaining to this application, and related documents, determining my eligibility for disability funding.
- 4) I give permission to my school to disclose information to the Ministry of Post-Secondary Education and Future Skills or Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements and financial status for the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for disability funding or determining whether I will be required to repay any funding I may receive.
- 5) If I am awarded a CSG-DSE and/or a grant under the APSD, I authorize the institution I am attending or Assistive Technology British Columbia to cash the grant cheque(s) on my behalf and apply the funds to retain a service worker and/or buy equipment and/or software on my behalf and/or apply the grant to the Learning Disability Assessment Bursary fund.

Signature of Applicant

Liliana Chow

Name

Liliana Chow

Date Signed (Year/Month/Day)

2024/07/15

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the Freedom of Information and Protection of Privacy Act, and under the authority of the Canada Student Financial Assistance Act, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

### SECTION 3: CSG-DSE AND APSD – SERVICES AND EQUIPMENT

To be reviewed and signed by Accessibility Coordinator or designated school official

#### DISABILITY ASSESSMENT REIMBURSEMENT:

If you are submitting this application to apply for a Disability Assessment Reimbursement, ensure that the following documentation is attached.

- Medical documentation that includes a diagnosis that meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.
- Original paid receipt (invoice is not acceptable)

How was the assessment paid for? Tick One:

☐ School Paid (Learning Disability Assessment Bursary) ☐ Student Paid

#### EQUIPMENT:

All requests for equipment must be submitted to Assistive Technology British Columbia (ATBC). A Technology Assessment Plan will determine the appropriate equipment required to reduce any disability related barriers that restrict the ability of the student to perform the daily activities necessary to participate fully in studies at a post-secondary level.

Equipment is requested: ☐ Yes ☐ No

Please indicate your recommendations and/or rationale for specific equipment and/or software:

#### SERVICES:

Services will be/have been requested: ☐ Yes ☐ No

Services will only be approved if the service is directly related to the approved disability.

Public Post-Secondary Institutions in B.C.: The Accessibility Coordinator must submit a Service Request to StudentAid BC by email and must retain documentation at the school.

Private/Out-of-Province Institutions: The Accessibility Coordinator or appropriate official must submit a Service Request form to StudentAid BC and include the required estimate(s) with the submission ([www.StudentAidBC.ca](http://www.StudentAidBC.ca)).

Students must submit a completed Service Provider Receipt form at the end of each study period. Any unused funds must be repaid by certified cheque or money order, payable to the Minister of Finance.

#### ASSISTANCE PROGRAM FOR STUDENTS WITH DISABILITIES (APSD) – PRIVATE SCHOOLS IN B.C. ONLY:

APSD funds may be available to students who are attending a designated school in B.C. AND who have exhausted the CSG-DSE. A service request must be submitted.

APSD is requested: ☐ Yes ☒ No

#### Accessibility Co-ordinator/School Official:

I certify that the student is registered in the school indicated in Section 1 of this application and the student requires the equipment and/or services requested to reduce the barrier(s) caused by their disability, so they can successfully complete their current educational goals.

Signature of Accessibility Co-ordinator/School Official: (in ink)	Date Signed (Year/Month/Day): _____
Print Name: _____	Telephone Number: (     ) _____
Email Address: _____	



## SECTION 4: VERIFICATION OF DISABILITY (PERMANENT OR PERSISTENT/PROLONGED)

To be completed by a qualified medical assessor in Canada

### PURPOSE OF THIS FORM:

This form is used to determine eligibility for disability grant funding through StudentAid BC. Eligibility for funding is based on the functional impact(s) of the disability on the person's ability to participate in studies at a post-secondary level.

#### Disabling Learning Disorders

Applicants seeking to establish eligibility for a disabling Learning Disorder do not need to complete this Verification of Disability form, but **must submit a Psycho-Educational assessment** that has been completed within the past five<sup>2,3</sup> years.

#### Disabling Visual Conditions

Applicants seeking to establish eligibility for a visual condition should have this Verification of Disability form completed by a Ophthalmologist, Optometrist or Orthoptist and **must provide a copy of their most recent visual acuity report.**

#### Disabling Auditory Conditions

Applicants seeking to establish eligibility for an auditory condition should have this Verification of Disability form completed by a Certified Audiologist and **must provide a copy of their most recent audiology report.**

#### All other Disabling conditions

Applicants seeking to establish eligibility for any other condition should have this Verification of Disability form completed by a qualified medical assessor (physician, nurse practitioner, psychologist or psychiatrist registered to practice in the Canadian province or territory where the assessment is undertaken).

### Instructions for the Assessor

**Important:** Not all medical conditions are considered a disability for the purpose of StudentAid BC program funding. This form is designed to gather the information needed to determine the applicant's eligibility for government-funded programs and to help plan appropriate educational interventions based on the applicant's functional impairments. Please ensure your qualifications are appropriate to address the applicant's disability and do not complete this form unless you know the applicant's medical history well enough to answer the questions.

Additional information may be requested if forms are incomplete.

Please answer all questions:

Birthdate:      YYYY      MM      DD  
2004-08-01

Student Last Name

C h o w

Student First Name

L i l i a n a      Initial

Date of onset of primary disability:

YYYY      MM      DD  
2022-10-5

How long has this person been receiving care for these medical conditions?

Provide Date:      YYYY      MM      DD  
2022-10-05

### Is the disability Permanent, or Persistent or Prolonged?

See "Permanent Disability" and "Persistent or Prolonged Disability" definitions on page 1.

☐

Permanent

☒

Persistent or Prolonged

<sup>2</sup> 5-year limitation applies only to "childhood" assessments (conducted prior to age 18).

<sup>3</sup> Unless a shorter validity period is specified by the assessor.

**Primary Disability**

List only ONE primary disability and impacts associated with that particular disability.

Disability Type or Diagnosis List only one	Disability Impacts on Daily Activities (related to an educational setting) Check all that apply	
<input type="checkbox"/> Mental Health Disorder	<input checked="" type="checkbox"/> Standing	<input checked="" type="checkbox"/> Taking notes in class
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/> Staying on task
<input type="checkbox"/> Mobility	<input checked="" type="checkbox"/> Keyboarding/typing	<input type="checkbox"/> Speaking/Communicating
<input type="checkbox"/> Pervasive Developmental Disorder	<input checked="" type="checkbox"/> Handwriting	<input type="checkbox"/> Following instructions
<input type="checkbox"/> Visual Impairment	<input checked="" type="checkbox"/> Reading	<input type="checkbox"/> Completing tasks
<input type="checkbox"/> Hearing Impairment	<input checked="" type="checkbox"/> Ascending/Descending stairs	<input checked="" type="checkbox"/> Completing tasks on time
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lifting/Carrying/Holding/ Reaching	<input checked="" type="checkbox"/> Attending classes
OR diagnosis: (max 140 characters)	<input checked="" type="checkbox"/> Walking	<input checked="" type="checkbox"/> Other: <u>Reduced concentration</u>
<div>Long COVID syndrome</div>		

Please provide a description of the applicant's primary disability including the frequency and severity of the functional limitations (barriers) that restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary school level (include recommendations for support, if applicable). (max 1400 characters)

The patient exhibits decreased mobility, with a limited ability to walk and stand due to widespread joint and muscle pain. The pain can range from moderate to severe, particularly during flare-ups, often resulting in her missing classes due to difficulty getting to class and sitting for extended periods of time. Pain and inflammation in her fingers has resulted in decreased dexterity, affecting her ability to perform tasks that require hand grip and fine motor skills, such as writing, typing, and handling laboratory equipment. This limitation extends to everyday activities, making note-taking and completing assignments difficult. Headaches often exacerbate her sensory sensitivities to sound and light, making it difficult to concentrate and view screens for extended periods. Her persistent fatigue limits her stamina for attending classes for more than 4 hours a day and engage fully in academic activities. Cognitively, she exhibits reduced memory, slower processing, and diminished concentration which mean she requires much more time to absorb and process information. This hinders her ability to keep up with courses. Recommendations include flexible attendance policies, access to printed materials, recorded lecture materials, and extended time for assessments. Ergonomic equipment and speech-to-text software can mitigate the physical strain of writing and typing.

**Secondary Disability (if applicable)**

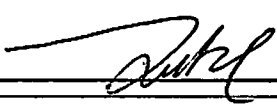
List only ONE secondary disability and impacts associated with that particular disability.

Disability Type or Diagnosis List only one	Disability Impacts on Daily Activities (related to an educational setting) Check all that apply	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Standing	<input type="checkbox"/> Taking notes in class
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Sitting	<input type="checkbox"/> Staying on task
<input type="checkbox"/> Mobility	<input type="checkbox"/> Keyboarding/typing	<input type="checkbox"/> Speaking/Communicating
<input type="checkbox"/> Pervasive Developmental Disorder	<input type="checkbox"/> Handwriting	<input type="checkbox"/> Following instructions
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Reading	<input type="checkbox"/> Completing tasks
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Ascending/Descending stairs	<input type="checkbox"/> Completing tasks on time
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lifting/Carrying/Holding/ Reaching	<input type="checkbox"/> Attending classes
OR diagnosis: (max 140 characters)	<input type="checkbox"/> Walking	<input type="checkbox"/> Other: _____
N/A	N/A	

Please provide a description of the applicant's secondary disability including the frequency and severity of the functional limitations (barriers) that restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary school level (include recommendations for support, if applicable). (max 1400 characters)

N/A

I certify that, to the best of my knowledge, the information provided on this form represents accurate and current information and that the person herein identified as 'The applicant' experiences the functional impairments I have indicated.

Name of Certifying Medical Assessor: <u>Edward Luke</u>		Registration/Certification: <u>M.D.</u>
Specialty/Occupation of Medical Assessor: <u>Family Physician</u>		Telephone Number: <u>1609 267-2198</u>
Mailing Address: <u>#222-650 West 41st Ave</u>		Fax Number: <u>1609 267-2108</u>
City/Town: <u>VANCOUVER</u>	Province: <u>BC</u>	Postal Code/ZIP Code: <u>V5Z 2M9</u>
Signature (in ink): 		Date (Year/Month/Day): <u>2024/07/15</u>