Accessibility Centre & Education Support – Grenfell Campus, Memorial University

Medical Documentation Verification Form - Request for Academic Accommodations

TO BE COMPLETED BY STUDENT:

STUDENT'S FULL NAME:	PHONE NUMBER:
ADDRESS:	
REASON FOR COMPLETION OF FORM: **I am seeking accommodations in the post secondary setting and I am requesting medical support or additional documentation.**	
I AUTHORIZE THIS HEALTH PROFESSIONAL TO RELEASE THE FOLLOWING INFORMATION TO THE ACCESSIBILITY CENTRE & EDUCATION SUPPORT UNIT - GRENFELL CAMPUS, MEMORIAL UNIVERSITY OF NEWFOUNDLAND. STUDENT'S SIGNATURE: DATE:	

TO BE COMPLETED BY HEALTH PROFESSIONAL:

The student noted above has indicated they have a medical condition that is significantly impacting their academic performance at Grenfell Campus, Memorial University of Newfoundland. The Accessibility Centre & Education Support (ACES) unit at Grenfell Campus is responsible for ensuring academic accommodations are implemented for students diagnosed with a disability/medical condition. With completion of all sections of this form the ACES unit will be able to assess and determine appropriate accommodations. To ensure there is no delay, we recommend all questions be answered as accurately and thoroughly as possible.

NOTE: Test anxiety is not classified as a diagnosed disability in the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR). As a result, we are unable to provide academic accommodations solely for this condition.

The personal information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and is used to determine your eligibility for accommodations as a student with a disability. If you have any questions about the collection and/or use of this information, please contact Student Services at (709) 637-6232. This information will not be shared to any internal/external parties and is protected under ATIPPA (Access to Information and Protection of Privacy Act), 2015.

GRENFELL CAMPUS | MEMORIAL UNIVERSITY

Grenfell Campus Student Services

NATURE OF DISABILITY/MEDICAL CONDITION

1. When was the above student diagnosed with this condition? _____
2. Nature of condition:
   - ☐ Acute
   - ☐ Chronic
   - ☐ Temporary

VERIFICATION SECTION

THIS SECTION MUST BE COMPLETED BY HEALTH PROFESSIONAL

Please confirm the presence of a disability/medical condition with this student and the length of time this student has been under your care:

_____

_____

_____

Based on the disability/medical condition, please list the functional limitations/barriers that restrict/impact the student's ability to participate in an educational setting:

Ex: *ADHD*	*Inability to concentrate in class*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Which academic/classroom accommodations do you recommend for this student at the post secondary level, based on the functional limitations noted above?

Ex: small group setting to write exams, limiting distraction.

_____

_____

_____

_____

_____

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_____

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In your professional opinion, is this student's academic performance significantly impacted by this condition?

☐Yes
☐No
☐Unable to determine

Will this student need to be reassessed?

☐ Yes, Date: _____
☐ No

Additional Comments from Health Professional:

HEALTH PROFESSIONAL'S NAME:	CLINIC STAMP and/or HEALTH PROFESSIONAL'S ADDRESS AND PHONE NUMBER
HEALTH PROFESSIONAL'S SIGNATURE:	
DATE:	

For office use only:

Student Number:
Grenfell/MUN Email:

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