University of Windsor

Verification of Student Illness or Injury

To be completed only by a health care professional regulated under either the Health Professions Act (RHPA) or the Social Services Work Act, or equivalent in any other provincial/state jurisdiction. If you are also seeking disability-related academic accommodation(s), please visit Student Accessibility Services, room 117 Dillon Hall.

1. TO BE COMPLETED BY THE STUDENT: **STUDENT#**_____

I, (please print)_____authorize this practitioner to provide the information on this form relating to my request for special consideration to the University of Windsor, and to verify the information as required.

_____ _____

STUDENT SIGNATURE DATE

2. TO BE COMPLETED BY THE LICENSED PRACTITIONER: *Indicate below the effect of the illness, injury, etc on the student's ability to learn, communicate, concentrate, participate in activities as well as his/her decision-making capacity and motivation.*

Initial *the most relevant category*		**Degree of Incapacitation on Academic Functioning**	**Timeline for Contact with Student**		
			Start Date	**End Date (Anticipated End Date)**	**Saw Only Once**
☐	**Severe**	Completely unable to function at any academic level e.g. unable to attend classes, or fulfill any academic obligations.			
☐	**Serious**	Significantly impaired in ability to fulfill academic obligations e.g. unable to complete an assignment, unable to write a test/examination.			
☐	**Moderate**	May be able to fulfill some academic obligations but performance considerably affected e.g. able to attend some classes, decreased concentration, assignments may be late.			
☐	**Mild**	Likely to be able to fulfill academic obligations, but performance affected to a minor degree, with mild impairment and minimal symptoms			
☐	**Negligible**	Unlikely to have an effect on ability to fulfill academic obligations			
☐	**Self-Reported**	Student informs me they were ill previous to assessment date			
(If Needed) Additional Consideration or Restrictions Relating to Academic Work OR Academic-Related Work Placements:					

If there is a need for temporary or ongoing academic accommodations due an illness or injury, students should make an appointment with an Advisor in Student Accessibility Services which is located in room 117 Dillon Hall.

3. VERIFICATION BY THE LICENSED PRACTITIONER:

This form is based on examination and applicable documented history at the time of illness or injury, or within a reasonable period of time after the illness. I certify that this assessment falls within my legislated scope of practice.

_____

NAME (Please Print)

_____

Licensing Body and REGISTRATION #

_____

SIGNATURE

Business stamp, with address and telephone

_____

DATE

The University of Windsor respects personal privacy. Personal information that is provided on this form is used by the University to verify effects of illness or injury on your (the student's) capabilities and necessary related purposes. At all times, it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please contact Student Accessibility Services. NOTE: Alteration or falsification of information on this form may constitute an academic offence under UWindsor's Student Code of Conduct.

Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed.

In some appeal situations, the University may require additional information from you or your practitioner to decide whether or not to grant or confirm special consideration.

Student and Health Care Provider – KEEP COPY FOR YOUR FILES