



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)



Business stamp, with address and telephone

Licensing Body and REGISTRATION #

SIGNATURE

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