



University
of Windsor

Student
Accessibility Services

Dear Health Care Practitioner,

A student seeking academic accommodations through Student Accessibility Services (SAS) at the University of Windsor has requested that you complete the attached documentation. The SAS office supports students with permanent or temporary disabilities, as well as those undergoing assessment, by facilitating equitable access to education.

Under the Ontario Human Rights Code and the University of Windsor's Senate Policy on academic accommodations, SAS is mandated to provide appropriate support without compromising academic integrity. The postsecondary environment requires students to complete exams, assignments, research, and independent learning. Your input will help SAS Advisors determine suitable accommodations based on the student's functional limitations and impact on academic performance.

Please complete this form, including a description of the student's functional limitations and your recommendations for academic accommodations. Your contribution is essential in helping reduce barriers while maintaining the academic standards of the University of Windsor.

Thank you for your support.

SUMMARY: The following is to be completed by a licensed medical practitioner. All sections of the form must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs. **Please note that consistent with the Ontario Human Rights Commission's Policy on preventing discrimination based on mental health disabilities and addictions, the student may elect to not disclose a specific diagnosis and is not required to do so.** Please ensure that the following section has been completed by the student before proceeding.

Consent to Mental Health Diagnosis

Do NOT consent

Student Signature: _____

Date: _____

University of Windsor Student Number



University
of Windsor

Student
Accessibility Services

Part 1: Physician or Regulated Health Care Professional Information:

First name: _____ Last Name: _____

Telephone number: _____

Specialty:

Indicate all that apply

- ☐ Audiologist/Speech Language Pathologist
- ☐ Chiropractor
- ☐ Neurologist
- ☐ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Physician- Family
- ☐ Physician – Psychiatrist
- ☐ Physician – Other (Specify)
- ☐ Physiotherapist
- ☐ Psychologist or Psychological Associate
- ☐ Rheumatologist

This form will NOT be accepted if the chart below is incomplete or submitted without a stamp or signed letterhead.

Canadian Provincial/Territorial License #	
Address:	
Place office stamp here -->	



Part 2: Nature of Patient's Disability

Acquired Brain Injury

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity

Autism Spectrum Disorder

Chronic Health / Medical Disability

Deaf, Deafened or Hard of Hearing

Functional / Mobility Impairment

Learning Disability

Note: eligibility criteria require that a psychoeducational assessment must have been performed in the last 5 years or since the patient was 18. Individual Education Plans (IEP's) are not considered to be acceptable documentation for a learning disability.

Answer the following questions:

Has a psychoeducational assessment been supervised by a registered Psychologist?

yes

no

If "Yes", enter the date of the most recent assessment: _____

Was a learning disability confirmed?

yes

no

Mental health impairment

Visual impairment

Other disability not indicated above – Specify: _____

Temporary Disability



Part 3: Mobility/Movement and/or Sensory

Impacts Check all that apply

No mobility/movement or sensory Impacts

Ambulation

Stair climbing

Lifting/carrying/reaching

Standing

Legally blind

Hearing loss

Grasping/Gripping/Dexterity

Sitting

Low vision

Sensory impacts – Specify:

Other – Specify: Describe impact(s):

Part 4: Cognitive and/or Behavioural Impacts Check all that apply

No cognitive or behavioural Impacts

Memory

Attention and concentration

Organization and time management

Information processing (verbal and written)

Social interactions

Other – Specify: Describe impact(s):



Part 5: Recommended Accommodations or Supports for Postsecondary Studies

Based on the patient's disability-related functional limitations, which accommodations or supports do you recommend that will facilitate their participation in postsecondary studies?

Check all that apply

Reduced course load

Specialized equipment

Specialized services

Specialized accommodations

Part 6: Student's Informed Release

I, _____, hereby authorize this health practitioner to provide the following information to the University of Windsor, Student Accessibility Services, and, if required, to supply additional information relating to the provision of my academic accommodations. I also authorize the University of Windsor, Student Accessibility Services to contact the physician to discuss the provision of accommodations.

This information is collected, stored, and used in accordance with FIPPA (Freedom of Information and Protection of Privacy Act. R.S.O. 1990.