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

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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 performed 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
- ☐ Standing
- ☐ Grasping/Gripping/Dexterity
- ☐ Sitting
- ☐ Low vision
- ☐ Stair climbing
- ☐ Legally blind
- ☐ Lifting/carrying/reaching
- ☐ Hearing loss
- ☐ Sensory impacts – Specify:
- ☐ Other – Specify: Describe impact(s):

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

- ☐ No cognitive or behavioural Impacts
- ☐ Attention and concentration
- ☐ Information processing (verbal and written)
- ☐ Memory
- ☐ Organization and time management
- ☐ Social interactions
- ☐ Other – Specify: Describe impact(s):

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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.