

Accessibility Services

MEDICAL INFORMATION REQUEST FORM

This form will be used as one of the criteria to determine effective academic accommodations and support services at Northern College. All information received will be kept strictly confidential and does not impact admission decisions.

Note: Students with Learning Disabilities

This form is not for information about a learning disability. Please submit a copy of the most recent psycho-educational assessment.

SECTION A: To be completed by student

Name: _____ D.O.B.: (DD/MM/YY): _____

Phone: _____ Email: _____

Campus: Timmins Kirkland Lake Haileybury Moosonee Online

Student consent to release of information pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I _____ authorize the health care professional to provide the following information to Accessibility Services at Northern College. Under the Ontario *Human Rights Code*, it is not a requirement to provide a **specific diagnosis** to access academic accommodations and services from the Accessibility Services.

Please note: A diagnosis is required to access some government financial aid programs for students with disabilities. If you wish to access such funding, you need to provide consent for the diagnosis information to be released.

Check one:

- I give consent for a diagnosis to be provided
 I do not give consent for a diagnosis to be provided

Student Signature

Date

SECTION B: To be completed by Regulated Health Care Professional

The following criteria must be met when determining a disability. Refer to page four for further information.

1. The student experiences functional limitation(s)
2. The functional limitation(s) impairs the student's academic functioning at the post-secondary level

Select the appropriate option:

1. This student has a **permanent** disability with symptoms that are continuous OR episodic
 2. This student has a **temporary** disability with symptoms that are continuous OR episodic

Interim academic accommodations to be provided until (date)*: _____

3. This student is being **monitored** to determine a diagnosis

Interim academic accommodations to be provided until (date)*: _____

*Updated documentation required after this date

Medications: Has the student been prescribed medication that may impact academic functioning? No
 If yes, describe impact:

The student has the following **diagnosis** (*when consent given on page 1). When applicable, use DSM-5 criteria.

How long has this student been your patient? _____ 1st Visit

Impact of disability: check appropriate boxes below to indicate impact on academics

| Skills/Abilities | No Impact | Mild Impact | Moderate Impact | Severe Impact | Not assessed |
|---|-----------|-------------|-----------------|---------------|--------------|
| COGNITION | | | | | |
| Attention / Concentration | | | | | |
| Long-term Memory | | | | | |
| Short-term Memory | | | | | |
| Executive Functioning | | | | | |
| Information Processing | | | | | |
| Managing distractions (filter out stimuli) | | | | | |
| PHYSICAL | | | | | |
| Mobility | | | | | |
| Gross motor | | | | | |
| Fine motor | | | | | |
| Ability to sit for a sustained period of time | | | | | |
| Ability to stand for a sustained period of time | | | | | |
| SENSORY | | | | | |
| Vision (with correction): Describe below | | | | | |
| Hearing (with correction): Describe below | | | | | |
| Speech: Describe below | | | | | |
| SOCIAL / EMOTIONAL | | | | | |
| In-class and group work interactions | | | | | |
| Ability to perform class presentations | | | | | |
| OTHER: (state) | | | | | |
| | | | | | |
| | | | | | |

Please provide any additional comments or elaboration:

Do you consider the student capable of:Sustaining normal academic activity in their program of choice? Yes No If no, please comment:

Participating in a work/field placement? Yes No If no, please comment:

If you indicated (on page 1) the student has a **permanent disability**, do you recommend reducing the student's full-time program course load? Yes No**SECTION C: Certification of Regulated Health Care Professional****Please print.**

I _____ am a legally qualified health care professional and this report contains my findings and considered opinion at this time, within my scope of practice.

Full name

Signature: _____ Licence/Registration Number: _____

Date: _____ Email: _____

Phone: _____ Fax: _____

Medical Office Stamp:**Health Care Profession:**

- Physician – Family
 Physician – Other: _____
 Psychologist / Psychological Associate
 Other: _____

Completed form to be returned to appropriate campus:

| | | | |
|--|---|---|---|
| Accessibility Services: Timmins Campus C-114 4715 Hwy 101 East South Porcupine, ON P0N1H0 Fax: 705-235-6880 Tel: 705-235-3211 x 7200 Email: lecuyers@northern.on.ca | Accessibility Services: Kirkland Lake Campus 140 Government Rd E Kirkland Lake ON P2N 3L8 Fax: 705-568-8186 Tel: 705-567-9291 x 3625 Email: oreillys@northern.on.ca | Accessibility Services: Haileybury Campus 640 Latchford Street Box 2060 Haileybury ON P0J 1K0 Fax: 705-672-2014 Tel: 705-672-3376 x 8818 Email: jibbw@northern.on.ca | Accessibility Services: Moosonee Campus First Ave Box 130 Moosonee ON P0L 1Y0 Tel: 705-336-2913 Email: smallw@northern.on.ca |
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Dear Health Care Professional,

You have been asked to complete this form by a student who wishes to register with Accessibility Services at Northern College. Accessibility Services provides academic accommodations and educational support services for students with documented disabilities attending Northern College. Our goal is to provide the necessary accommodations to equalize the opportunity for students to meet their essential course or program requirements while maintaining academic integrity. We are mandated by the Human Rights Commission's Guidelines for Accommodating Persons with Disabilities, the Ontario Human Rights Code and Northern College STUDENT SERVICES ACCESSIBILITY SERVICES POLICY AND PROCEDURES.

The purpose of this form is to provide a system-wide approach for Regulated Health Care Professionals to document the functional limitations that a student with a disability is likely to experience at college. **We rely on your detailed knowledge of this student's disability, including a description of the current functional impairments that may impact his/her ability to meet essential course or program requirements and to determine appropriate academic accommodations.** This form is meant primarily for students who live with:

- **Permanent** mental health/medical disability with symptoms that are continuous or episodic and who are involved in college education.
- **Temporary** medical/mental health disability with symptoms that are continuous or episodic can also be accommodated through our office.
- Interim accommodations may also be provided for students who are in the process of being assessed for a medical/mental health disability.

As you know, the post-secondary environment involves taking examinations, doing research, completing assignments, and assuming responsibility for one's higher education pursuits. The information you have provided should clearly relate to accommodation planning for studies at the post-secondary level.

Under the Ontario *Human Rights Code*, it is not a requirement to provide a **specific diagnosis** to access accommodations and support services from Accessibility Services. Disclosure of a diagnosis may be required for some government financial aid programs for students with disabilities. Students are asked to indicate if they provide consent to release this information on **page one** of this document.

Thank you