



FUNCTIONAL ASSESSMENT FORM

SECTION A – To be completed by Student

Name:		Date of Birth:	MM/DD/YYYY
Student ID:			
SLC Email:	@student.sl.on.ca	Preferred Phone:	
Academic Program:			

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 Student Wellness & Accessibility at St. Lawrence College. Under the Ontario Human Rights Code, it is not a requirement to provide a **specific diagnosis** to access academic accommodations and services from Student Wellness & Accessibility.

Check one:

- I give consent for a diagnosis to be provided
- I do not give consent for a diagnosis to be provided; instead, I give consent for only the type of disability and the related functional limitations to be provided my functional limitations only.

Student Signature:		Date:	MM/DD/YYYY
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Please return to: Student Wellness & Accessibility, ATTENTION: _____

BROCKVILLE CAMPUS
 2288 Parkedale Avenue
 Brockville, ON, K6V 5X3
 T: 613-345-0660, ext. 3111
 F: 613-345-7871

CORNWALL CAMPUS
 2 St. Lawrence Drive
 Cornwall, ON, K6H 4Z1
 T: 613-933-6080, ext. 2709
 F: 613-937-1524

KINGSTON CAMPUS
 100 Portsmouth Avenue
 Kingston, ON, K7L 5A6
 T: 613-544-5400, ext. 5504
 F: 613-548-7793

SECTION B – To be completed by Regulated Health Professional*

* Regulated Health Professional “RHP” is as defined under the Accessibility for Ontarians with Disabilities Act, Integrated Accessibility Standards, Part IV.2, Section 4(b) (“AODA”)

Select one option below:

This student has a **permanent** disability with symptoms that are continuous OR episodic

This student has a **temporary** disability with symptoms that are continuous OR episodic

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

This student is being monitored to determine a diagnosis

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

This student had functional limitations that affected the ability to participate in academic studies for a previous time period.

Please provide applicable dates: _____

Is student able to return to school? Yes, as of this date: _____ No

*Updated documentation required after this date

If consent to provide a diagnosis has been provided by student on page 1, please check all that apply:
If applicable, include copies of relevant assessments.

Mental Health Disability (e.g., generalized anxiety disorder, major depressive disorder)

Diagnosis:

Addictions

Diagnosis:

Attention/Concentration Disability (e.g., ADD/ADHD)

Diagnosis:

Functional/Mobility Impairment (e.g., paraplegia, muscular dystrophy, cerebral palsy, spina bifida)

Diagnosis:

Social/Communication Disability (e.g., autism spectrum disorder)

Diagnosis:

Medical Disability (e.g., epilepsy, chronic pain, heart condition)

Diagnosis:

Visual Impairment

Diagnosis:

Hearing Impairment

Diagnosis:

Concussion/Acquired Brain Injury

Diagnosis:

Other Type of Disability (specify):

Functional Limitations

Please check 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					
PHYSICAL					
Mobility					
Gross motor					
Fine motor					
Speech					
Ability to stand for a sustained period of time					
Ability to sit for a sustained period of time					
Stamina/Ability to engage in academic activities					
SENSORY					
Vision (with correction), <i>describe below</i>					
Hearing (with correction), <i>describe below</i>					
SOCIAL/EMOTIONAL					
Effective emotional regulation					
Stress Management					
Reading social cues					
Appropriate in-class and group work interactions					
Ability to manage demands of academic life					
Ability to respond to change effectively					

Please provide any additional comments regarding functional limitations:

Service Animal

If there are medical requirements for the use of a service animal relating to this student's disability, a completed Service Animal Request Form will be required. This form is available from the Student Wellness & Accessibility office, or online at <https://stlawrencecollege.ca/campuses-and-services/services-and-facilities/student-wellness-and-accessibility/accessibility-services/service-animal-registration/>.

Effects of Medication on Functioning

Is the patient currently taking any prescription medications that may affect the patient's participation in an educational environment?	Yes	No
If yes, please describe impact/risk:		

Other Supports

If you indicated (on page 2) the student has a permanent disability, do you recommend the student consider reducing the student's full time program course load?	Yes	No
Does the student require specialized equipment and/or services in order to participate in post-secondary education. Please specify equipment and/or services required:		

Regulated Health Professional Information

This student has been my patient for:	<input type="checkbox"/> More than 2 years	<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> Walk-In/1st Visit
Date you last saw this patient (MM/DD/YYYY):			

Name:	
Type of Health Care Practitioner:	
Address:	
Phone:	
Fax:	

RHP's Stamp

I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related educational barrier(s) indicated.

Signature:		Date:	MM/DD/YYYY
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Dear Health Care Professional,

You have been asked to complete the attached functional limitations assessment form by a student who wishes to register with Student Wellness & Accessibility at St. Lawrence College for the purposes of receiving academic accommodations. Student Wellness & Accessibility provides academic accommodations and educational support services for students with documented disabilities attending St. Lawrence 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 and the Ontario Human Rights Code.

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 the student's ability to meet essential course or program requirements and to determine appropriate academic accommodations.

The post-secondary environment involves taking examinations, conducting 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 Student Wellness & Accessibility. Students are asked to indicate if they provide consent to release this information on page one of this document.

Thank you,

[Student Wellness & Accessibility](#)

St. Lawrence College

Email: accessibility@sl.on.ca

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