

Counsellor's Statement

Typically we require documentation from professionals registered with: the College of Psychologists of Ontario; the Ontario College of Social Workers and Social Service Workers; the College of Registered Psychotherapists of Ontario; or the respective equivalent professional regulating bodies in other jurisdictions.

NOTE: In order for a counsellor from Student Counselling & Development (SCD) or Student Accessibility Services (SAS) at York to complete this form, you must already have been a client of SCD or registered with SAS.

Section I: to be completed by student.

Personal health information on this form is collected under the authority of *The York University Act, 1965*. It is related directly to and needed to support your academic and/or financial petitions to York University.

Pursuant to S. 29 of PHIPA (*Personal Health Information Protection Act, 2004*), I (the undersigned student or patient) authorize and consent to the counsellor or counsellors named on this form to disclose to the York University faculty and administrative staff authorized to administer and consider academic and financial petitions such personal health information as is necessary or as may be reasonably required by York University to support my academic and/or financial petitions. I understand that York University will maintain and store this information in such a manner as to protect its confidentiality.

Student Information (please type or print)

| | | |
|---|-----------------------|-----------------|
| Student Number | Last Name/Family Name | Given Name(s) |
| Telephone Number | E-mail Address | Home Faculty |
| Is your record updated? Check your current contact information at currentstudents.yorku.ca/student-personal-information . | | |
| Student's Signature | | Date (dd/mm/yy) |

Academic Work Affected

| |
|---|
| Course(s) |
| Work, e.g., assignment(s), lab(s), examination(s); administrative deadlines |

Student Information: to be completed by student (please type or print)

| | | |
|----------------|-----------------------|---------------|
| Student Number | Last Name/Family Name | Given Name(s) |
|----------------|-----------------------|---------------|

Section II: to be completed by counsellor.

- I am a Personal Counselor in Student Counselling & Development at York University.
- I am an Accessibility Counselor in Student Accessibility Services at York University. I have reviewed the medical / psychological documentation from an appropriate licensed health care provider and confirm there is a diagnosed disability.
- I am a licensed mental health professional or physician in the external community.
- Other: _____

1. **Date you received this form:** _____
2. **Consultation date(s):** _____
3. **Summarize the nature of counselling issues, or confirmation of the associated functional limitations of a diagnosed disability, and the impact each would have on the student's ability to perform the academic work specified above.**
4. **In your opinion, did the counselling issues or the nature of the disability affect the student's ability to make an informed decision/judgment with respect to meeting academic deadlines?**
- Yes No Unable to assess
5. **Are you able to assess when the student will be able to complete their outstanding work or resume their studies (if they have had to stop attending classes)?**
- Yes *Anticipated date of completion of work/resumption of studies:* _____ Unable to assess
6. **Do you have any further comments regarding this student's situation as it relates to their academic petition?**

Student Information: to be completed by student (please type or print)

| | | |
|----------------|-----------------------|---------------|
| Student Number | Last Name/Family Name | Given Name(s) |
|----------------|-----------------------|---------------|

Section III: to be completed by counsellor.**Counsellor Information (please type or print)**

| | |
|---------------------------------|--------------------------------------|
| Counsellor's Name | Counsellor/Intern's Signature |
| Office Address | Telephone / Extension |
| | E-mail Address |
| Supervisor's Name (if required) | Supervisor's Signature (if required) |

Office Use Only

Verified By: _____ Date: _____

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.