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Student Accessibility Services

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Verification of Mental Health Disability

Section A: This section is to be completed and signed by the student PRIOR TO asking a health care professional to complete the Verification of Mental Health Documentation Form

Consistent with the Ontario Human Rights Commission's Policy on preventing discrimination based on mental health disabilities and addictions and the York University Documentation Guidelines for Students with Mental Health Disabilities, you are not required to disclose your mental health disability diagnosis in order to register with Student Accessibility Services (SAS) and to receive academic accommodation. The Ontario Human Rights Commission recognizes that Student Accessibility Services Offices have expertise in dealing with accommodation issues in the academic environment, and as such, can play a vital role in assisting with the accommodation process. If you wish to, you may voluntarily disclose your diagnosis to SAS.

Providing your diagnosis may be required to establish eligibility for certain federally or provincially-funded bursaries and grants and privately funded external scholarships and financial awards. This Form can be used to establish eligibility for such financial assistance, provided you have consented to the disclosure of your mental health diagnosis.

If you choose to consent to the disclosure of your mental health diagnosis, you must check the box below. Your consent will allow your Health Care Practitioner to complete the relevant section of the Form.

☐ I consent to disclose the diagnosis of my mental health disability

_____
Signature of Student

PLEASE PRINT

Student's First Name	
Student's Last Name	
Date of Birth (DD/MM/YYYY)	
Student Number	
Phone Number (Home/Cell)	
Email Address	

Section B: Registered Mental Health Professional

Dear Health Care Practitioner,

You have been asked by a student who wishes to register with Student Accessibility Services (SAS) at York University to complete the enclosed documentation. SAS is an educational support program for students who **require academic accommodation for a permanent or temporary mental health disability.** Interim accommodations may be provided for students who are in the process of being assessed for a 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 purpose of the SAS medical/psychological documentation is to enable Accessibility Counsellors to recommend appropriate academic accommodations for students with mental health disabilities who experience functional restrictions and limitations which affect their academic performance.

We are accountable under the Ontario *Human Rights Code* and *York's Senate Policy on Accommodating Students with Disabilities.* These guidelines help us provide academic accommodations that level the playing field for students with disabilities without creating an unfair advantage or undermining academic integrity. **We rely on your detailed knowledge of this student's disability, including a list of the functional limitations and restrictions that may impact their education together with your recommendations for appropriate academic accommodations.**

Thank you for helping to reduce barriers for students with disabilities while upholding the academic standards of the university.

This form must be completed by a licensed medical practitioner or registered psychologist

Functional Limitations Assessment Form for Post-Secondary Students with a Mental Health Disability

NOTE: The following criterion must be met for the determination of a disability:

The student experiences functional limitations due to a mental health condition that impairs the student's academic functioning while pursuing post-secondary studies.

Please check one box on the left:

☐ I confirm that this student has a disability based on a diagnosed mental health condition according to the criterion outlined above.

Or

☐ I confirm that I am in the process of monitoring and assessing the student's mental health condition to determine a diagnosis and this assessment is likely to be completed by _____.
Date

If the student has consented to disclosure of specific diagnosis to SAS (as indicated by their signature on page 1), please provide the diagnosis and DSM-V code, as applicable.

Duration of Disability:

Complete 1 OR 2 OR 3

1. This student has a **permanent disability** (*the mental health disability is expected to be lifelong)* with symptoms that are:

   ☐ continuous OR
   ☐ recurrent/episodic

2. This student has a **temporary disability** with symptoms that are:

   ☐ continuous OR
   ☐ recurrent/episodic
   Accommodations to be provided from_____to_____*

3. This student

☐ is **being assessed** to determine a diagnosis. *

* If this box is checked, updated documentation will be required to continue providing academic accommodation.

Medication
If this student has been prescribed medication for this condition, when is the medication likely to have a negative effect on their academic functioning? (Check all that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ N/A

Functional Limitations

Using the following scale, please rate the impact of the impairment caused by the disability as well as possible medication effects (if any) on the areas of functioning below.

A. Cognitive Skills/Abilities	**1** **Within normal limits** No functional limitation evident in this area	**2** **Mild or slight** Functional limitation evident in this area	**3** **Moderate** Functional limitation evident in this area	**4** **Severe** Functional limitation evident in this area	Unable to assess or unknown at this time
Attention/Concentration					
Short-Term Memory					
Long-Term Memory					
Information Processing					
Ability to Manage Distractions					
Executive Functioning					
• Organizing					
• Planning					
• Sequencing					
• Time management					
Ability to meet assignment deadlines					
Ability to take notes in class					

Comments: *Please elaborate on any of the areas above that need further explanation.*

B. Social-Emotional Behavioural Functioning	**1** **Within normal limits** No functional limitation evident in this area	**2** **Mild or slight** Functional limitation evident in this area	**3** **Moderate** Functional limitation evident in this area	**4** **Severe** Functional limitation evident in this area	Unable to assess or unknown at this time	**1** **Within normal limits** No functional limitation evident in this area
Ability to participate in group work situations						
Ability to participate in classroom settings						
Ability to Deliver Oral Presentations						
Ability to manage emotions during academic evaluations						
Comments: *Please elaborate on anyof the areas above that need further explanation:*						

Please list any additional functional limitations that may impair the student's academic functioning in the post-secondary setting:

_____

_____

How did you arrive at this assessment? Check all relevant items below:

☐ Structured or unstructured interviews with student
☐ Interviews with other persons (parent, teacher, therapist)
☐ Behavioral observations
☐ Psycho-educational or Neuropsychological Testing
☐ □□Other (please specify): _____

RECOMMENDED ACADEMIC ACCOMMODATIONS:

Based on the functional limitations that you identified above, do you have recommendations for specific academic accommodations (e.g. reduced course load, extended time to complete tests/ exams, flexibility in assignment due dates, assistive technology, note-taking supports, etc.)?

_____

_____

_____

Student's strengths:

_____

_____

_____

Disability Certification

Licensed/Registered and relevantly trained psychologists qualified to diagnose must complete and sign this section to certify the student's disability status.
Statement of Disability Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and came impact the student's eligibility for funding. **Permanent disability is defined as functional limitation due to the disorder that restricts the student's ability to perform daily activities necessary to participate in post-secondary studies and is expected to remain with the student for the student's expected life.**
In your professional opinion, does the student's presenting condition constitute a disability □ YES or □ NO
Please select the appropriate descriptions as they apply to the student's condition: □ Permanent & Long-term disability with chronic, continuous/on-going symptoms (longer than 1 year with frequent recurrence) or with episodic symptoms (> 6 months – 1 year) □ Temporary & Short-term disability (< 6 months) from_____to _____ □ Non-disabling condition in the current academic stetting
Does the nature and severity of the student's disability make the student ***unable to meet the demands of a full course load*** (15 -20 hours of lecture, labs and/or tutorials a week plus 25-30 hours of study time per week)? □ YES or □ NO
Does the nature and severity of the student's disability require a **reduced course load** to mitigate symptoms of the condition □ YES or □ NO If a reduced course load is required, please estimate the maximum amount of time that the student should be able to spend in these activities: approximately_____hour per week.
Will the reduced course load be required for the whole duration of the academic program to mitigate symptoms of the condition? □ YES or □ NO

Certificate of Attending Health Care Professional

Date Completed (mm/dd/yyyy): _____

Practitioner's Name (please print): _____

Practitioner's Signature: _____

Medical Practitioner's License Number: _____

Registered Psychologist's Registration Number: _____

Name/Address/Phone Number →

Please use office stamp/Affix Card as well as signature

Please have student scan and upload the completed form to the online Student Questionnaire (https://accessibility.students.yorku.ca)

If for any reason, you are unable to attach the Medical form electronically please call us at: (416)736-5755.

Section C: Student Consent

Completion of this section is voluntary; however, if you elect not to provide your consent at this time and in the event that further information is required there may be delays in the provision of your accommodation.

I give consent for Student Accessibility Services to contact my medical practitioner or registered psychologist to discuss the information provided in this document if necessary to clarify the information provided regarding functional restrictions and limitations or if there are questions about complex academic accommodation.

Student's Signature: _____

Date: (mm/dd/yyyy): _____

****Note to student:** If you have other relevant documentation, you may include copies of it with this registration package. These additional documents are not intended to replace the Student Accessibility Services registration package. Please note - additional documentation may be requested