



**ST. CLAIR**  
COLLEGE

**Return form to:**  
St. Clair College, Student  
Services/Accessibility Services

## Functional Limitations Assessment For for Post-Secondary Students with a Disability

South Campus  
2000 Talbot Road West, Box 20, Windsor, ON N9A 6S4  
Phone: (519) 972-2727, ext. 4226, Fax: (519) 972-2784  
[studentservices@stclaircollege.ca](mailto:studentservices@stclaircollege.ca)

SCCCA  
201 Riverside Dr. W., Windsor, ON N9A 5K4  
Phone: (519) 972-2727, ext. 4730. Fax: (519) 972-2784  
[sccastudentservices@stclaircollege.ca](mailto:sccastudentservices@stclaircollege.ca)

Chatham Campus  
1001 Grand Avenue West, Chatham, ON N7M 5W4  
Phone: (519) 354-9714 ext. 3306 Fax: (519) 354-6941  
[chathamstudentservices@stclaircollege.ca](mailto:chathamstudentservices@stclaircollege.ca)

This student is requesting academic accommodations while studying at St. Clair College. Accommodations provide students with disabilities the opportunity to overcome learning barriers that may exist as a result of a particular disability. In order to consider the request, the student is required to provide the College with documentation which:

- Is provided by a Regulated Health Professional qualified in the appropriate specialty area who has treated this student (approved list below)
- Is thorough enough to support the accommodations/supports being considered or requested.

### Confidentiality

**Collection, use and disclosure of this information is subject to all applicable privacy legislation.**

**Student's Name:** \_\_\_\_\_  
(Given Names(s)) (Surname)

**Student's Date of Birth (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Consent to the Release of Information**

I, \_\_\_\_\_, hereby authorize this health professional to  
(Student Name – Please Print Clearly)

provide the following information to St. Clair College, Student Services, and, if required, to supply additional information, relating to the provision of my academic accommodations. I also authorize St. Clair College, Student Services to contact the physician to discuss the provision of accommodations. Under the Ontario *Human Rights Code*, it is not a requirement to provide a **specific diagnosis** to access academic accommodations and services. Please note that the disclosure of certain diagnoses may be required to access some federal or provincial government financial aid programs for students with disabilities. If you wish to access such funding, you need to provide consent for the diagnosis to be released. Please check one:

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

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY AN APPROVED REGULATED HEALTH PROFESSIONAL**

You are a:

- Psychologist (complete table sections A to D)
- Psychiatrist (complete table sections A to D)
- Psychological Associate (complete table sections A to D)
- Audiologist (complete table section F)
- Optometrist (complete table section E)
- Ophthalmologist (complete table section E)
- Speech-Language Pathologist (complete table section G)
- Medical Specialist (complete table sections A to D and H)
- Family Physician (complete table sections A to H)
- Other \_\_\_\_\_

How long have you been treating this student? \_\_\_\_\_

Date of last clinical assessment: \_\_\_\_\_

**Is the disability:**

- Permanent with symptoms that are  continuous **OR**  episodic/recurrent
- Temporary with symptoms that are  continuous **OR**  episodic/recurrent  
Anticipated date of recovery (day/month/year): \_\_\_\_\_
- Being monitored to determine a diagnosis

Date of next assessment: \_\_\_\_\_

**Medication:** If the student has been prescribed medication(s), when is/are the medication(s) likely to affect academic functioning negatively? (Check all that apply)

- Morning       Afternoon       Evening       N/A

**Diagnosis (with consent given on page one)** - (Please avoid the use of such terms as "suggests" or "is indicative of." If the criteria for a diagnostic disability are not present, that must be stated in the report. Multiple diagnoses or co-existing conditions, which may influence academic progress, should be included; If *Mental Health Disability* – Note DSM 5 diagnosis; *Vision* – identify Visual Acuity; *Hearing* – identify severity)

DSM 5 Diagnosis (es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please indicate primary and secondary  
Date of Onset: \_\_\_\_\_

Medical Diagnosis (es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please indicate primary and secondary  
Date of Onset: \_\_\_\_\_

**Check Appropriate Boxes Below To Indicate Impact on Educational/Academic Functioning**

<b>Skills/Abilities</b>	<b>WITHIN NORMAL LIMITS</b> No functional limitation evident in this area	<b>MILD OR SLIGHT</b> Functional limitation evident in this area	<b>MODERATE</b> Functional limitation evident in this area	<b>SEVERE</b> Functional limitation evident in this area	<b>UNABLE TO ASSESS OR UNKNOWN AT THIS TIME</b>
<b>A. Cognition</b>					
<b>Attention/Concentration</b> E.g. during exams, classes, labs; while writing essays/reports					
<b>Long-term Memory</b> E.g. ability to recall and retrieve stored information especially in time-limited testing situations					
<b>Short-term Memory</b> E.g. information that is stored for about 30 seconds, E.g. ability to follow class directions					
<b>Executive Functioning</b> E.g. ability to: meet exams/assignment deadlines; multi-task (E.g. listen and take notes at the same time); prioritize academic tasks (E.g. complete assignments, study, attend classes); manage time effectively (stay focused on task)					

<b>Information Processing</b> E.g. ability to input, process, store and retrieve information					
<b>Managing Distractions</b> (filter out stimuli) E.g. ability to filter out distracting visual and auditory stimuli during classes and/or testing situations					
<b>Judgment - Anticipating the impact of one's behaviour on self and others</b> E.g. understand when it is an appropriate time to interrupt a professor during class					
<b>Communication</b> The ability to effectively convey information orally or in writing to others					

<b>Skills/Abilities</b>	<b>WITHIN NORMAL LIMITS</b> No functional limitation evident in this area	<b>MILD OR SLIGHT</b> Functional limitation evident in this area	<b>MODERATE</b> Functional limitation evident in this area	<b>SEVERE</b> Functional limitation evident in this area	<b>UNABLE TO ASSESS OR UNKNOWN AT THIS TIME</b>
B. Physical					
<b>Mobility</b> E.g. Ability to get to and from classes/field work independently: ambulate within classroom, lab, placement environment, etc.; climb stairs; maintain balance					
<b>Gross Motor</b> E.g. ability to: lift, carry, reach overhead, twist bend, kneel					
<b>Fine Motor/Manual Dexterity</b> E.g. ability to: grip a pencil/pen and write; type; perform repetitive activities; operate precision instruments such as a microscope; manipulate tools safely (e.g. scissors, screwdrivers, tweezers, saws, drills, etc.)					
<b>Stand for Sustained Periods</b> E.g. in a 3 hour lab or while on placement					

<b>Stamina/Ability to Engage in Academic Activities</b> E.g. ability to attend 15+ hours of classes a week, complete the resulting study requirements and meet assignment and exam demands					
<b>Ability to Sit for a Sustained Period of Time</b> E.g. during a 3 hour lecture or while on placement					

<b>Skills/Abilities</b>	<b>WITHIN NORMAL LIMITS</b> No functional limitation evident in this area	<b>MILD OR SLIGHT</b> Functional limitation evident in this area	<b>MODERATE</b> Functional limitation evident in this area	<b>SEVERE</b> Functional limitation evident in this area	<b>UNABLE TO ASSESS OR UNKNOWN AT THIS TIME</b>
C. Social / Emotional					
<b>Effectively Control Emotions During Routine Academic Interactions</b> E.g. work cooperatively and collaboratively during in class group work situations; be calm when interacting with others (professors, students, field work clients); ability to approach professors when needed					
<b>Effectively Read Social Cues</b> E.g. Follow established classroom protocols such as wait to be asked before answering a professor's questions, understand when is an appropriate time to interact with others					
<b>Effectively Control Emotions During Evaluation Situations</b> E.g. Sit in assigned seat during exams/tests with the rest of the class; deliver oral presentations to peers/professors; accept constructive feedback on performance without adverse reactions					

<b>Ability to Effectively Manage the Demands of Academic Life</b> E.g. pressures of multiple assignments, readings, tests/exams; being away from home; placement expectations					
<b>Participate Appropriately During In Class and Group Work Situations</b> E.g. Participate in classroom discussions, collaborate with peers on group assignments					
<b>Ability to Respond to Change Effectively</b> E.g. change of: classrooms, assignment deadlines, class schedule, or professors					

<b>Skills/Abilities</b>	<b>WITHIN NORMAL LIMITS</b> No functional limitation evident in this area	<b>MILD OR SLIGHT</b> Functional limitation evident in this area	<b>MODERATE</b> Functional limitation evident in this area	<b>SEVERE</b> Functional limitation evident in this area	<b>UNABLE TO ASSESS OR UNKNOWN AT THIS TIME</b>
D. Field Work					
<b>Work Safely With Vulnerable Populations</b> E.g. people who are ill, have disabilities, children and older adults					
<b>Stamina: Meet the Demands of Field Work</b> E.g. 35+ hours of field work per week, possible 12 hour work shifts; day, evening or night shifts					
Sensory					
E. Vision (with correction): Describe Below					
F. Hearing (with correction): Describe Below					
G. Speech: Describe Below					

Please provide any additional comments or elaboration:

**H. Safety**

Does this student have a condition such that the College may need to respond in an emergency situation if symptoms of the condition appear while the student is on campus or during field work? (E.g. seizure disorder, severe allergic reaction).

Yes      No

If yes, please describe the condition(s):

Treatment/Interventions Plan (E.g. physiotherapy, etc.):

<b>Name of REGULATED M.D./PhD PROFESSIONAL:</b> _____		
Facility Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ (Use Office Stamp to the right) NOTE: if you do not have an office stamp, please sign and attach your letterhead – signatures on prescription pads will not be accepted.		
Regulated M.D./PhD Professional Signature:		License No.
Date:	Telephone No.	Fax No.