

P.O. Box 398, 1450 Nakina Drive, Thunder Bay, ON Canada P7C 4W1
Website: www.confederataionc.on.ca**SERVICES FOR STUDENTS WITH DISABILITIES – DOCUMENTATION FORM**

The Academic Support Centre provides and/or arranges accommodations for students who have functional limitations which affect their studies and result from their disabilities. In order to determine the appropriate accommodations, we must learn of the disability and related needs.

Conditions are determined to constitute disabilities:

- a) if they impose substantial functional limitations,**
- b) if they are permanent or ongoing, and**
- c) if they are not commonplace.**

(Ontario Human Rights Commission's Guide to the Human Rights Code, May 1999 and Policy and Guidelines on Disability and the Duty to Accommodate, November 23, 2000)

1. PERSONAL IDENTIFICATION OF STUDENT**NAME:** *please print* _____ **D.O.B** _____**2. DOCUMENTATION OF DISABILITY**Does this person have a disability according to the above definition? _____
YES NO**DESCRIPTION** (*optional; however, useful to the disability service provider*)_____
_____**Functional limitations in an academic setting:**_____

_____**Recommend strategies - suggested accommodations linked to functional limitations:** __________

Certified, licensed practitioner providing this documentation:

DATE: _____ **NAME:** *please print* _____
(Physician, Clinical Psychologist, Psychiatrist, Neurologist, Audiologist)**SIGNATURE:** _____**3. STUDENT'S WRITTEN CONSENT**

I hereby authorize release of information regarding this disability to CONFEDERATION COLLEGE Academic Support Centre:

DATE: _____ **SIGNATURE OF STUDENT/POTENTIAL STUDENT:** _____