



DOCUMENTATION OF MENTAL HEALTH DISABILITY

I understand that this Medical Certificate will be released to SASS – Academic Accommodations at the University of Ottawa.

Student Name: _____ Student Number: _____
 Student Signature: _____ Date: _____

I consent to disclose the diagnosis of my mental health disability.
 Student Signature: _____

What is the purpose of this documentation?

The purpose of this form is for SASS – Academic Accommodations at the University of Ottawa to:

- confirm a diagnosed mental health disability;
- identify if the condition is permanent or temporary;
- evaluate functional limitations in the university academic setting;
- determine appropriate accommodations and supports.

Who can complete the form?

The documentation form is to be completed by an appropriate regulated mental health professional who has knowledge of the patient’s history and is licensed to diagnose and treat mental health disabilities.

How are the student’s needs assessed in the academic setting?

A disability service professional at SASS – Academic Accommodations will review the documentation to anticipate barriers and accommodation needs in an academic setting. SASS – Academic Accommodations requests that all sections of the form be completed **fully and objectively** for accurate assessment of the student’s disability-related needs.

Careful consideration should be given to the **Statement of Disability** and **Functional Limitations**.

The information you provide in the form can be used to support the need for services and academic accommodations, or access to a range of benefits including government funding.

Is a DSM-5 diagnosis required?

Students are not required to disclose a DSM-5 diagnosis in order to receive accommodations or supports. However, if a diagnosis is not provided, functional limitations must be fully described and additional information may be requested in order to determine appropriate accommodations and supports.

DSM-5 Diagnosis

If the student has consented (page 1) to disclose a specific diagnosis, please state the DSM-5 diagnosis.

Statement of Disability

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

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

* In my professional opinion, I confirm the student has a formally diagnosed mental health disability.

- OR -

* I confirm that I am in the process of assessing the student's condition to determine a diagnosis.

Duration of Disability

The student has a **permanent disability** (expected to remain with the student throughout his/her life) with symptoms that are:

- * chronic
- * episodic

The student has a **temporary disability** with symptoms that are:

- * improving with time
- * episodic

Anticipated duration of temporary disability from: _____ to _____.

Treatment Plan

1. If a diagnosis has been confirmed, please provide date of first diagnosis:

2. How long have you been treating the student?

3. Will you be monitoring the student on a regular basis?
* Yes, every _____.
* No, this student will be followed by _____.
4. If the student has been prescribed medication for this condition, can you specify current (if any) side effects that may impair the student's academic performance? _____

5. Does the student have limited functioning at certain times of the day? Please check all that apply: * Morning * Afternoon * Evening
Please specify: _____
6. Are there other treatments or therapies that the student receives?

Functional Limitations

Please evaluate the level of impact specific to the **university academic environment**.

Attention and concentration	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Managing internal distractions	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Managing external distractions	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Memory	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Information processing	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Rational thinking	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Time management	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Organization	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Class participation	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Attendance	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Ability to control emotions	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Stress management	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Energy Level	* no impact	* mild impact	* moderate impact	* severe impact
If severe, describe impact:				
Other:	* no impact	* mild impact	* moderate impact	* severe impact

If severe, describe impact:



Academic Considerations

Undergraduate: A minimum of 5 courses per semester is typically considered full-time.

Graduate: A minimum of 2 courses per semester is typically considered full-time.

1. Based on your professional opinion, do you think the student is able to maintain a course load of:

- 5 or more courses? # yes # no
- 4 courses (reduced full time)? # yes # no
- 2-3 courses? # yes # no

2. Based on your professional opinion, do you consider the student to be capable of completing university courses with academic supports in place?

yes # no

Additional Information

Please provide any additional information that may assist us in supporting the student.

VERIFICATION OF ASSESSING PROFESSIONAL

Please specify type of practitioner:

- # Psychologist
- # Psychiatrist
- # General Practitioner
- # Other _____

I hereby certify that I provided health care services to, _____, a student at the University of Ottawa. I am providing the above information for use by the University in assessing what academic accommodations, if any, should be offered to the student. **I understand I may be contacted by the University to verify this information**, but will not be requested to provide further information without the consent of the student.

Name: _____

Registration Number: _____

Signature: _____

Date: _____

Address: _____

Stamp:

Telephone #: _____

Fax #: _____