

ADHD and/or MENTAL HEALTH Disability/Condition Documentation Form

This form has been created to facilitate the individualized review of each student request so that the Accessibility Centre may determine what, if any, academic accommodations or accessibility services a student with a mental health disability or ADHD may be eligible to receive. The form will be used in conjunction with other documentation/information to arrange appropriate accommodations or services for the student named below. In order for accommodations to be approved, a functional limitation that affects a student's academic or university pursuits must be present. Accommodations do not compromise academic standards. Students requesting accommodations must provide adequate information and cooperate with UNB Fredericton Accessibility Centre staff, which will allow for the implementation of appropriate accommodations.

Please note that this form is for the University of New Brunswick, Fredericton campus use and is not intended to replace medical documentation that may be required by external testing agencies, other post-secondary institutions, funding organizations, etc. Such organizations may require that their own medical forms be submitted. An application for the Canada Student Grant for Students with Permanent Disabilities requires a separate medical form that includes diagnostic information. Information on this requirement is available from each provincial student aid office.

If you have questions or concerns regarding this form, please contact the Director, UNBF Student Accessibility Centre

PART A: TO BE COMPLETED BY STUDENT:

Name		Student ID:	
UNB Email		Phone	

A student is not required to disclose a diagnosis of a disability to the UNBF Student Accessibility Centre (SAC). However, diagnostic information can help staff in supporting students.

I agree to the disclosure of my diagnosis by a medical professional to the UNBF Student Accessibility Centre (SAC)

By signing below, I hereby consent to the release of my disability/medical information to SAC. This includes the information provided on this form, and any supplemental information pertaining to a disability/disabilities or medical condition(s). Further approval will be required for follow-up conversations between the medical professional listed on this form and UNBF SAC staff.

Signature: Date:

PART B: TO BE COMPLETED BY A MEDICAL PROFESSIONAL:

Please give careful consideration in answering the questions on this form as it will be used to help determine reasonable accommodations for this student. A DSM-5 diagnosis should only be provided if approved by the student, but **detailed information on functional limitations is required**. The focus should be on determining the functional restrictions and limitations due to ADHD and/or the mental health disability/condition(s).

Patient/Client Name: _____ D.O.B.: _____

1. This student has a disability
 This student is being monitored to determine disability

2. How long have you been treating this patient? _____ years/months

3. Optional:

Primary DSM Diagnosis: _____ Date of Diagnosis: _____

Secondary DSM Diagnosis: _____ Date of Diagnosis: _____

A disability is a physical or mental impairment that impedes a person's ability to carry out necessary daily activities and fully participate in post-secondary studies. A permanent disability is expected to remain with the individual for life. With a temporary disability, a full recovery is expected. Accommodations are provided for both permanent and temporary disabilities.

4. The disability is permanent.
It is: continuous episodic
 The disability is temporary.
The anticipated/recommended length of time required for support is:
From: _____ To: _____
5. The student's disability should be regularly reassessed.
How often? _____

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6. I will continue to treat and/or monitor the student.
- I will not continue to treat and/or monitor the student.
The student will be followed by _____

No further treatment or monitoring required. Student may request an appointment with me if concerns or difficulties arise.

7. Does this student's behavior pose a safety risk to themselves or others?

- Yes No

If yes:

What measures have you put into place to support this student? _____

What reasonable measures would you recommend that UNBF put into place? _____

Should you wish to discuss safety concerns further, please contact the UNBF Accessibility Centre—1-506-453-3515; unbds@unb.ca

Students with diagnosed disabilities may be permitted to retain scholarships, bursaries, and loans while taking a reduced course load and maintaining the required Grade Point Average (GPA).

8. I would recommend/encourage the student to take a reduced course load. How many? _____

This student is fully able to manage the rigour of a full course load (5 courses per term)

9. Accommodations have been in place to support this student in high school or another setting.

These include: _____

Accommodations are provided when a functional limitation or clinically significant impairment, which impedes one or more academic or university pursuits, is present. A functional limitation impacts an individual's ability to carry out fundamental actions due to a disability. These limitations can range from mild to severe.

10. In my professional opinion, there exists a functional limitation due to this student's ADHD and/or mental health disability.

This student's ADHD and/or mental health disability does not create a functional limitation that will affect their academic pursuits.

11. What is your **professional opinion, impression, or assessment** of the student's functional limitations due to their disability for each of the following areas? Please use the rating scale provided.

A. Cognitive Skills: thinking; processing information; attention; concentration; short-term memory; long-term memory; problem-solving

Within Normal Limits

Mild impact

Moderate impact

Severe impact

Impact Unknown

Comment: _____

B. Executive Functioning: time management; time on task; persistence; organization; participation; attendance; making/keeping appointments

Within Normal Limits

Mild impact

Moderate impact

Severe impact

Impact Unknown

Comment: _____

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C. Social Skills: social interaction skills; emotional control; communication skills; ability to read social cues; awareness of self and others; participation/comfort level in group situations; social connectedness

Within Normal Limits Mild impact Moderate impact Severe impact Impact Unknown

Comment: _____

D. Daily Living/Personal Skills: hygiene; self-care; diet; sleep; exercise; stamina; ability to adapt

Within Normal Limits Mild impact Moderate impact Severe impact Impact Unknown

Comment: _____

Reasonable accommodations and support approved through the UNBF Student Accessibility Centre are based on the information provided by the medical professional, past accommodations provided, information from the student, professional judgment and educational requirements. Please indicate accommodations that you would recommend in order to provide the student and equal opportunity for success at UNBF.

12. Suggested Academic Accommodations and Support:

- Tutoring:** The student's disability impacts their ability to grasp and understand information, which can be alleviated with tutoring.
- Class notes:** due to a disability, the student may miss information that would typically be noted by others.
- Occasional missing of classes:** The disability impacts the student's health in a way that may require absence from class.
- Recording of lectures:** The student's disability significantly impacts their ability to focus and take notes.
- Assistive Technology** (Such as computer; reading, writing, dictation, or mind mapping software): The student's disability impacts their ability to complete literacy tasks (decoding, reading comprehension, composition, writing) without technical aids.

Suggested Exam Accommodations:

- Extra time:** Time and a half is the standard. A recommendation of double time must be substantiated by significant deficits in processing speed/cognitive processing or due to a detailed physical limitation (please attach this information)
- Alternate Location:** a Space with reduced distractions compared to that of a typical testing environment or to reduce atypical anxieties.
- Computer use:** to compensate for poor focus, organization, or due to a limitation that affects writing.
- Reading Software:** to compensate for limitations such as poor reading skills, lack of focus, or slow processing.
- Dictation Software:** The student's disability impairs their ability to write or type.

Other Accommodations: please indicate any other recommended accommodations and a rationale for these recommendations based on the student's functional limitations. _____

CERTIFICATE OF APPROVED PROFESSIONAL

Name: _____ Professional designation: _____

License number: _____ Medical Title: _____

Name of Organization and Address: _____

I _____ am a legally qualified _____

In _____ and this report contains information based on my professional opinion and assessment(s).

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

UNBF Student Accessibility Centre, Room 212, Marshall d'Avray Hall, P.O. Box 4400, UNB, Fredericton, NB. E3B 5A3
 Phone: (506) 453-3515 Fax: (506) 453-4765 Email: unbds@unb.ca Website: <http://go.unb.ca/accessibility>