

SECTION 4: VERIFICATION OF PERMANENT DISABILITY

To be completed by a qualified medical assessor in Canada

PURPOSE OF THIS FORM:

This form will be used to determine eligibility for permanent disability grant funding through StudentAidBC. Eligibility for funding is based on the daily functional impact(s) of the permanent disability on the person's ability to participate in a post-secondary educational environment and permanence of their disability. Forms that are incomplete or do not provide enough information will result in denial or delays of funding.

Please answer all questions:

Student Last Name

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Birthdate:

				-			-		
YYYY					MM				DD

Student First Name

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 Initial

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Date of onset of Permanent Disability: (if applicable)

				-			-		
YYYY					MM				DD

How long has this person been in your care for these medical conditions?

Provide Date:

				-			-		
YYYY					MM				DD

Permanence of Disability: (Choose ONE of the following statements)

- The disability is **permanent** with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies and the permanent disability is expected to remain for their lifetime.
- The person's disability is **temporary**. Indicate the estimated recovery date:

				-			-		
YYYY					MM				DD

Severity and Prognosis:

Explain the severity and prognosis of the medical diagnosis:

Severity	Prognosis

Type of Disability (select all that apply):

- Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).** To be completed by Physician.
DSM Diagnosis

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- Cognitive Impairment** (ex: Acquired Brain Injury, intellectual disability). To be completed by Physician or medical specialist.
DSM Diagnosis

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- Pervasive Developmental Disorder** (Autism, Asperger's, neurological). To be completed by Physician, Psychologist, or Psychiatrist.
DSM Diagnosis

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- Hearing Loss** (You must provide a copy of your most recent audiology report). To be completed by Certified Audiologist.
Level of hearing loss in the better ear (select appropriate boxes)
- Mild Uses aided hearing
 Moderate Congenital
 Severe Would benefit from amplification devices in an educational/vocational setting
 Profound
- Mobility/Agility Impairment** (Spinal cord injury, spina bifida, arthritis, multiple sclerosis, soft tissue injury, etc.). To be completed by Physician.
Diagnosis

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- Psychiatric or Psychological.** To be completed by Clinical Psychologist, Psychiatrist or Physician.
DSM Diagnosis

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SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

Speech

Diagnosis

Visual (You must provide a copy of your most recent visual acuity report). To be completed by Ophthalmologist, Optometrist or Orthoptist.

- A visual acuity of 6/21 (20/70) or less in the better eye after correction
- A visual field of 20 degrees or less
- Any progressive eye disease with a prognosis of becoming one of the above in the next two years
- An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if his/her visual acuity is limited to 6/21 or less

Other Permanent Disability / Chronic Health Impairment (Specify):

Learning Disability:

Qualifications of Assessor:

- I am a registered psychologist/psychologist associate with an expertise in diagnosing learning disabilities.
- I am a psychologist/psychologist associate in good standing with my provincial/territory in which I am recognized.

Documentation:

- The assessment was completed on

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. Assessment must be less than five years old, or completed at age 18 or older.
- The assessment is complete, on official letterhead, includes the assessment date(s), the assessor's name, title, professional credentials, registration number, address, phone/fax number and is signed and dated.

Diagnosis:

- The learning disability assessment clearly states a diagnosis of a learning disability meeting the DSM, and describes the level of severity and the manner in which the disability significantly interferes with academic functioning (e.g. reading, writing, note taking, memorizing, test taking, etc.).
The assessment contains recommendations for specific reasonable accommodations that would mitigate or reduce the impact of the student's permanent disability on their academic success/functioning.
- The learning disability significantly interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.

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SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

Disability Impacts on Daily Functioning (as it relates to educational setting):

Physical Impacts (Check all that apply. Indicate limitations, frequency, and level of severity.)

- Standing Sitting Stair Climbing Ambulation (cane, wheelchair, walker, crutches)
- Fatigue Handwriting Lifting/Carrying/Reaching Grasping/Gripping/Dexterity
- Keyboarding Other _____

Description of daily activities needed for post-secondary studies that are restricted as a result of the student's disability

Cognitive and/or Behavioural Impacts (Check all that apply. Indicate limitations, frequency, and level of severity.)

- Attention and Concentration Memory Information Processing (verbal and written)
- Stress Management Social Interactions Organization and Time Management
- Communication Fatigue Other _____

Description of daily activities needed for post-secondary studies that are restricted as a result of the student's disability.

Medication

Is the person currently taking any prescription medications? Yes No

If yes, please indicate any side effects (alertness, concentration, nausea) that may affect participation in an educational environment:

Suggested Supports (must be related to permanent disability in an educational setting):

- This person would benefit from taking a reduced course load.
- Services: The person would benefit from specialized services such as tutoring, note-taking, sign language interpreting, oral interpreting, classroom captioning, alternate formats in order to fully participate in post-secondary studies. Please specify:

- Equipment: The person would benefit from assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software in order to fully participate in post-secondary studies. Please specify:

Name of Qualified Medical Assessor:		Registration Certificate No:
Specialty of Qualified Medical Assessor:		MEDICAL OFFICE STAMP
Signature:		REQUIRED
Date (Year/Month/Day):		
Telephone No: ()	Facsimile No: ()	