



# Accessible Learning Services

## Accommodation Documentation Form

You are receiving this form at the request of a Mohawk College student who requires documentation from a Registered Health Care Practitioner (RHCP) in order to be eligible for academic accommodations and supports with Accessible Learning Services (ALS). The RHCP who is most familiar with diagnosis, assessment, and treatment of the student's medical condition should complete this form.

Our goal is to provide the necessary accommodations to equalize the opportunity for students to meet their essential course or program requirements while maintaining academic integrity.

Consistent with the Ontario Human Rights Code (OHRC) 2018 Policy on Accessible Education, a specific mental health diagnosis is not required in order to receive academic accommodation. A student may choose to disclose their diagnosis in consultation with their registered health care practitioner and provide their consent to do so.

Disability diagnoses and/or functional impact are used for the sole purpose of determining appropriate academic accommodations and will not be shared outside Accessible Learning Services without the student's signed consent.

This form can be used to determine eligibility for academic accommodations only. OSAP recipients must use the OSAP Disability Verification Form to confirm permanent disability status.

Note: Students with Learning Disabilities should submit the most recent psycho-educational assessment along with this form.

I authorize my registered health care practitioner to disclose my diagnoses to Accessible Learning Services at Mohawk College (see page 2 Disability Information)

or,

I do not authorize my registered health care practitioner to disclose my diagnoses to Accessible Learning Services at Mohawk College (see page 2 Disability Information)

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Student Number

Student Signature

Date

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Student Name

Student Number

## Disability Information

Please indicate the permanence for the disability information you are providing.

**Permanent:** Disability is expected to impact the student for the entire duration of their study period.

**Temporary:** Disability will not last the duration of the study period. Indicate accommodation duration below.

| <b>Disability (optional)</b> | <b>Permanence</b>                               | <b>Duration (if temporary)</b> |
|------------------------------|---|--------------------------------|
|                              | <input type="checkbox"/> Permanent – Continuous | From: _____                    |
|                              | <input type="checkbox"/> Permanent – Episodic   | To: _____                      |
|                              | <input type="checkbox"/> Temporary              |                                |
|                              | <input type="checkbox"/> Permanent – Continuous | From: _____                    |
|                              | <input type="checkbox"/> Permanent – Episodic   | To: _____                      |
|                              | <input type="checkbox"/> Temporary              |                                |

## Impact of Medication

Please indicate impact of medication:     N/A     Mild     Moderate     Severe

Additional information regarding the impact of medication:

Note for RHCPs: If you are completing this form to assess the functional impact of a student's medical condition on learning outcomes for clinical placements in health care settings, shop or lab classes in skilled trades, and/or experiential learning placements, the student will provide you with a copy of the learning outcomes for their program, course, or placement.

## Additional Information

Due to the impact of the student's disability, are any of the following recommended:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Reduced number of courses per semester?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assistive Technology (speech-to-text, digital recorder)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning Strategies (time management, test taking)?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessible parking space required due to disability?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Student Name

Student Number

## Functional Impact

| <b>Cognition</b>   | N/A                      | Mild                     | Moderate                 | Severe                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Attention/Concentration  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long term Memory   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Short term memory  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Executive functioning (planning, organizing, inhibiting behaviours, task monitoring, focus, concentration emotional control) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information processing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to manage distraction  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to take notes during lectures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to meet assignment deadlines   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Physical</b>  | N/A                      | Mild                     | Moderate                 | Severe                   |
| Ambulation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standing for up to 3 hours   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting for up to 3 hours  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifting/carrying/reaching  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand writing for up to 3 hours   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sensory/Communication</b>   | N/A                      | Mild                     | Moderate                 | Severe                   |
| Vision   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-verbal communication   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Social/Emotional</b>  | N/A                      | Mild                     | Moderate                 | Severe                   |
| Stress management  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-class/group interaction   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional regulation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responding to changes in routine   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Student Name

Student Number

## Additional Comments Regarding Functional Impact

## Comments Regarding Student Strengths

## Recommended Accommodations

## Certification of Registered Health Care Practitioner

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Full Name

Profession

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Signature

License & Registration #

Stamp or Business Card:

## Questions? Contact Accessible Learning Services

Email: [als@mohawkcollege.ca](mailto:als@mohawkcollege.ca)

Phone: (905) 575-2122

Fax: (226) 227-3283