**Functional Limitations Assessment Report for Post-Secondary Students with a Disability**

Student’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following criteria must be met for the determination of a disability**

1. The student experiences functional limitation due to a health condition**:**
2. The functional limitation(s) impairs the student’s academic functioning at the post-secondary level.
* I confirm that this student has a disability based on a diagnosed health condition\* according to the criteria outlined above, **or**
* that I am monitoring this student’s condition to determine a diagnosis

**Duration of the Disability**

**Complete 1 or 2 or 3**

* 1. This student has a **permanent disability** with symptoms that are continuous \_\_\_ OR recurrent/episodic \_\_\_\_
* 2. This student has a **temporary disability** with symptoms that are continuous \_\_\_\_\_ OR recurrent/episodic \_\_\_\_\_
1. Accommodations to be provided from \_\_\_\_\_\_ to\*\* \_\_\_\_\_\_
* 3. This student is **being monitored** to determine a diagnosis
	1. Accommodations to be provided from \_\_\_\_\_\_\_\_\_ to\*\* \_\_\_\_\_\_\_\_\_\_

\*\*Updated documentation will be required by the institution after this date.

**Medication**

If the student has been prescribed medication for this condition, when is the medication likely to affect their academic functioning negatively? (Click all that apply) \_\_\_Morning \_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_N/A

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*As indicated in the Ontario Human Rights Commission (2014) Policy, post-secondary institutions do not routinely need to be informed of the specific diagnosis in order to provide academic accommodation. See section 13.7 p.53 [OHRC Policy on Mental Health Disabilities and Addictions](http://www.ohrc.on.ca/sites/default/files/Policy%20on%20Preventing%20discrimination%20based%20on%20mental%20health%20disabilities%20and%20addictions_ENGLISH_accessible.pdf)

Using the following scale, please rate the impact of the impairment and possible medication effects (if any) on the areas of functioning listed below. Hover your mouse over the purple boxes beside the ratings (1-5) to see pop-up definitions/examples; your cursor will display as a small white hand when you are hovering correctly.

**SCALE**

1. Within normal limits; no functional limitation evident in this area
2. Mild or slight functional limitation evident in this area
3. Moderate functional limitation evident in this area
4. Severe functional limitation evident in this area
5. Unable to assess or unknown at this time
6. **Cognitive Skills/Abilities**
	* Attention/Concentration **(e.g., during exams, classes, labs; while writing essays/reports)**
	* Short-Term Memory **(information that is stored for about 30 seconds, e.g., ability to follow class directions)**
	* Long Term Memory **(e.g., ability to recall and retrieve stored information especially in time-limited testing situations)**
	* Information Processing **(e.g., ability to input, process, store and retrieve information)**
	* Manage distractions **(e.g., ability to filter out distracting visual and auditory stimuli during classes and/or testing situations)**
	* Executive Functioning – planning, organizing, problem solving, sequencing, time-management **(e.g. ability to: meet exam/assignment deadlines; multi-task (e.g. listen and take notes at the same time); prioritize academic tasks (i.e. complete assignments, study, attend classes); manage time effectively (e.g. stay focused on task)**
	* Judgement – anticipating the impact of one’s behaviour on self and others **(e.g., understand when it is an appropriate time to interrupt a professor during class)**
	* Other, Please describe

Comments: Please elaborate on any of the areas above that need further explanation

1. **Physical Skills/Abilities**
	* Mobility **(e.g. ability to: get to and from classes/fieldwork independently; ambulate within classroom, lab, placement environment etc.; climb stairs; maintain balance)**
	* Gross Motor **(e.g. ability to: lift, carry, reach over head, twist, bend, kneel)**
	* Fine Motor/Manual Dexterity *(***e.g. ability to: grip a pencil/pen and write; type; perform repetitive activities; operate precision instruments such as a microscope; manipulate tools safely (e.g. scissors, screwdrivers, tweezers, saws, drills etc.)**
	* Stamina/Ability to engage in academic activities (**e.g., ability to attend 15 + hours of classes a week, complete the resulting study requirements and meet assignment and exam demands)**
	* Sit for sustained periods of time **(e.g. during a 3-hour lecture or while on placement)**
	* Stand for sustained periods **(e.g. in a 3-hour lab or while on placement)**
	* Oher: Please describe

Comments: Please elaborate on any of the areas above that need further explanation

1. **Social-Emotional Skills/Abilities**
	* Effectively control emotions during routine academic interactions **(e.g. work cooperatively and collaboratively during in-class group work situations; be calm when interacting with others (professors, students, fieldwork clients), ability to approach professors/teaching assistants when needed)**
	* Effectively read social cues **(e.g. follow established classroom protocols such as wait to be asked before answering professor’s questions, understand when is an appropriate time to interact with others)**
	* Effectively control emotions during evaluation situations **(e.g. sit in assigned seating during exams/tests with the rest of the class; deliver oral presentations to peers/professors; accept constructive feedback on performance without adverse reaction)**
	* Ability to effectively manage the demands of academic life (**e.g. pressures of multiple assignments, readings, tests/exams; being away from home; placement expectations)**
	* Participate appropriately during in-class and group work situations **(e.g. participate in classroom discussions, collaborate with peers on group assignments)**
	* Ability to respond to change effectively**(e.g. change of: classrooms, assignment deadlines, class schedule, or professors/teaching assistants)**
	* Other, please describe

Comments: Please elaborate on any of the areas above that need further explanation

1. **Fieldwork – Specific Skills/Abilities (complete only when fieldwork is required by student’s program of study)**
	* Work safely with vulnerable populations **(people who are ill, people with disabilities, children and older adults)**
	* Stamina: Meet the demands of fieldwork **(e.g. 35+ hours of fieldwork per week, possible 12-hour work shifts; day, evening, or night-shifts)**
	* Other, please describe

Comments: Please elaborate on any of the areas above that need further explanation

1. **Vision**

(Visual acuity loss (best corrected), left eye, right eye, bilateral, visual field limitations)

Comments: Please elaborate on any of the areas above that need further explanation

1. **Hearing**

(Hearing Loss (best corrected), left ear, right ear, bilateral)

Comments: Please elaborate on any of the areas above that need further explanation

1. **Speech**

Comments: Please elaborate on any of the areas above that need further explanation

1. **Safety**
	* Does this student have a condition such that the college/university may need to respond in an emergency situation if symptoms of the condition appear while the student is on campus or during fieldwork, (e.g. seizure disorder, severe allergic reaction)
* Yes
* No

If “yes” please describe condition

Comments: Please elaborate on any of the areas above that need further explanation

1. **Specialized Equipment and Services**

Based on the functional limitations you identified above, is there a need for specialized equipment and/or services? If the answer is “yes”, please (i) tick items required and (ii) provide a rationale as why the specialized equipment or service is needed.

**Specialized Services:**

* sign language interpretation,
* computerized note taker,
* documents in braille,
* large print,
* accessible textbooks, readings.
* Other, please specify

**Classroom modifications:**

* ergonomic furniture,
* specialized lighting
* assigned seating

**Assistive technologies:**

* use of a screen reader,
* text to voice software
* voice to text software,
* amplification system,
* magnification equipment,
* video captioning,
* laptop
* Other, please specify

Rationale for Specialized Services/Equipment: