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)

Student Number Student Signature Date

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.

Disability (optional)	Permanence	Duration (if temporary)
	☐ Permanent – Continuous	From: _____
	☐ Permanent – Episodic	To: _____
	☐ Temporary	
	☐ Permanent – Continuous	From: _____
	☐ Permanent – Episodic	To: _____
	☐ 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?	☐ Yes	☐ No
Assistive Technology (speech-to-text, digital recorder)?	☐ Yes	☐ No
Learning Strategies (time management, test taking)?	☐ Yes	☐ No
Accessible parking space required due to disability?	☐ Yes	☐ No

Student Name Student Number

Functional Impact

Cognition	N/A	Mild	Moderate	Severe
Attention/Concentration	☐	☐	☐	☐
Long term Memory	☐	☐	☐	☐
Short term memory	☐	☐	☐	☐
Executive functioning (planning, organizing, inhibiting behaviours, task monitoring, focus, concentration emotional control)	☐	☐	☐	☐
Information processing	☐	☐	☐	☐
Ability to manage distraction	☐	☐	☐	☐
Ability to take notes during lectures	☐	☐	☐	☐
Ability to meet assignment deadlines	☐	☐	☐	☐

Physical	N/A	Mild	Moderate	Severe
Ambulation	☐	☐	☐	☐
Standing for up to 3 hours	☐	☐	☐	☐
Sitting for up to 3 hours	☐	☐	☐	☐
Lifting/carrying/reaching	☐	☐	☐	☐
Hand writing for up to 3 hours	☐	☐	☐	☐

Sensory/Communication				
Vision	☐	☐	☐	☐
Hearing	☐	☐	☐	☐
Speech	☐	☐	☐	☐
Non-verbal communication	☐	☐	☐	☐

Social/Emotional	N/A	Mild	Moderate	Severe
Stress management	☐	☐	☐	☐
In-class/group interaction	☐	☐	☐	☐
Emotional regulation	☐	☐	☐	☐
Responding to changes in routine	☐	☐	☐	☐

Student Name Student Number

Additional Comments Regarding Functional Impact

Comments Regarding Student Strengths

Recommended Accommodations

Certification of Registered Health Care Practitioner

Full Name Profession

Signature License & Registration #

Stamp or Business Card:

Questions? Contact Accessible Learning Services

Email: als@mohawkcollege.ca
Phone: (905) 575-2122
Fax: (905) 575-2164