



SAIT Accessibility Services Functional Assessment Form

Information on this form may be used to request accommodations that address the functional limitations that result from a disability/medical condition. Should the student request disability related government funding, the form will be submitted to Student Aid Alberta and therefore, detailed information is required in order to be approved.

SECTION 1: STUDENT/PATIENT INFORMATION

Last Name

First Name

SAIT Student ID #

Date of Birth: Day Month Year

SECTION 2: CONSENT FOR RELEASE OF INFORMATION

initial

I hereby authorize my health practitioner to provide the following information to SAIT Accessibility Services.

initial

I authorize SAIT Accessibility Services to contact my health care practitioner to request additional information, if necessary, related to my disability or medical condition.

Student Signature

Date (dd/mm/yyyy)

SECTION 3: DISABILITY/MEDICAL INFORMATION

Permanent Disability

means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary level or to participate in the labour force and that is expected to **remain with the person for their lifetime**.

Persistent or Prolonged Disability

means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary level or to participate in the labour force and has lasted, or is expected to last, for a period of **at least 12 months** but is not expected to remain with the person for their lifetime.

Temporary Disability

means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary level or to participate in the labour force and has lasted, or is expected to last, for a period of **at less than 12 months** but is not expected to remain with the person for their lifetime.

PERMANENT DISABILITY

Please ensure that the information thoroughly represents this student's disability(ies) and details of the functional limitations that will affect the student's ability to meet the regular and typical demands of a post-secondary environment.

Learning Disability: To be completed by psychologist or psychiatrist.

Reading

Written Expression

Mathematics

ADD/ADHD: To be completed by physician, psychologist or psychiatrist.

Autism Spectrum Disorder (e.g., Autism, Asperger's, PDD-NOS): To be completed by physician, psychologist or psychiatrist



DISABILITY OR MEDICAL CONDITION Please ensure that the information thoroughly represents this student's disability(ies) and details of the functional limitations that will affect the student's ability to meet the regular and typical demands of a post-secondary environment	PERMANENCE Please select one per disability or medical condition.	DURATION If disability or medical condition is Persistent/prolonged or temporary , please include anticipated duration of impact (dd/mm/yyyy)
<p><input type="checkbox"/> Mobility/Agility Impairment: To be completed by physician or medical specialist.</p> <p>Diagnosis: _____</p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>
<p><input type="checkbox"/> Deaf/Hearing Impairment: To be completed by physician or Audiologist.</p> <p> <input type="radio"/> Mild <input type="checkbox"/> Uses aided hearing <input type="radio"/> Moderate <input type="checkbox"/> Would benefit from <input type="radio"/> Severe amplification device <input type="radio"/> Profound in an educational setting </p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>
<p><input type="checkbox"/> Visual Impairment: To be completed by Optometrist or Ophthalmologist and include degree of vision loss.</p> <p>Degree of vision loss: _____</p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>
<p><input type="checkbox"/> Psychiatric/Psychological (include the DSM code): To be completed by physician, psychologist or psychiatrist.</p> <p>DSM Diagnosis(es): _____</p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>
<p><input type="checkbox"/> Brain Injury/Cognitive Impairment: To be completed by physician or other appropriate medical professional.</p> <p>Include details about the diagnosis with supporting reports - Neuro-psychological Assessment and/or Brain Injury/Cognitive Impairment Report/Assessment.</p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>
<p><input type="checkbox"/> Other Disability/Chronic Illness: To be completed by the appropriate medical professional.</p> <p>Diagnosis: _____</p>	<p> <input type="checkbox"/> Permanent <input type="checkbox"/> Persistent or Prolonged <input type="checkbox"/> Temporary </p>	<p> Start: _____ End: _____ </p>



SECTION 4: FUNCTIONAL LIMITATIONS (to be completed by the Medical Assessor)

**Please note: SAIT is a Technical Institute and DOES NOT operate in the same format as a university.*

- SAIT students are required to take as many as nine courses per semester and are generally in classes from 8 to 4 daily
- Courses are usually both theoretical and applied. Students will be required to demonstrate their knowledge through application (i.e. labs, presentations, simulations, practicum)
- Classroom/laboratory attendance is mandatory for most SAIT programs
- Individual/group assignments are frequent and cumulative making it difficult to defer assignments
- Students are required to attain an established level of competency and demonstrate a specific skill set which may be set by SAIT or professional organizations for example, apprentices required 65% at SAIT and 70% on the AIT exam in order to progress to the next intake

Mobility and Movement Impacts: As it relates to an educational setting.

Check all that apply.

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Standing | <input type="checkbox"/> Sitting | <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Ambulation (cane, wheelchair, walker, etc.) |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Lifting/Carrying/Reaching | <input type="checkbox"/> Grasping/Gripping/Dexterity |
| <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Other – specify: | <input style="width: 600px; height: 20px;" type="text"/> | |

Describe impact(s): Indicate limitations, frequency, and level of severity:

Cognitive and/or Behavioural Impact: As it relates to an educational setting.

Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Attention and Concentration | <input type="checkbox"/> Memory | <input type="checkbox"/> Information Processing (verbal and written) |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Organization and Time Management |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Other – specify: | <input style="width: 480px; height: 20px;" type="text"/> |

Describe impact(s): Indicate limitations, frequency, and level of severity:

Medication:

Is the student taking any prescriptive medication: Yes No

If yes, indicate any side effects that may affect participation in an educational environment:



SECTION 5: SUGGESTED ACCOMMODATIONS OR SUPPORTS FOR POST-SECONDARY STUDIES:

Based on the student's disability related functional limitations, which accommodations or supports do you recommend that will facilitate their participation in post-secondary studies? (check all that apply)

- Reduced Course Load (40-59% of a full-time course load)
- Services – Please specify below with rationale: (e.g., academic strategist, tutoring, sign language interpreting)
- Equipment/Assistive Technology – please specify below with rationale: (e.g., electronic magnification system, specialized software, noise canceling headphones)

SECTION 6: MEDICAL ASSESSOR AUTHORIZATION (to be completed by the Medical Assessor)

Name of Qualified Medical Assessor

Registration Certificate Number

Telephone Number

Specialty

Name of Medical Office

Medical Office Address

City or Town

Province

Postal Code

Date dd/mm/yyyy

Signature

Medical Office Stamp