# Okanagan College
# Disability Verification Form (OCDV)

This applicant is requesting disability-related supports and accommodations while studying at Okanagan College. Information on this form will be used to support the student's request for accommodations. Provision of all reasonable accommodations and services is assessed based on the current impact of the disability on academic performance. The student is required to provide documentation that is:

- Provided by a licensed health care professional, qualified in the appropriate specialty (a licensed psychologist, psychiatrist, or a family physician who has in depth knowledge of student's condition.
- Thorough enough to support the accommodations being considered or requested

*NOTE: a diagnosis alone does not automatically mean that a disability-related accommodation is required.

**The following pages are to be completed by a qualified/regulated heath care practitioner or physician.**

Please answer all questions. Please print clearly.

## Student/Applicant Information

| Last Name | First Name | Date of Birth (MM/DD/YYY) |
|---|---|---|
| Date the student/applicant was first seen by you: | | |
| Date of onset of permanent disability, if applicable: | | |

## Permanence of Disability

☐ This disability is **permanent** with ongoing 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

- Continuous
- Episodic

☐ The disability is **temporary**. Indicate the estimated recovery date (MM/DD/YYYY) _____

- Continuous
- Episodic
- Prolonged or persistent (expected to last for at least 12 months, but not a lifetime)

☐ The student is being monitored to determine a diagnosis. Interim academic accommodations to be provided until: (MM/DD/YYYY) _____ (*UPDATED documentation will be required after this date)

# Type of Disability

Select all that apply

☐ **Attention Deficit Hyperactivity Disorder (ADHD)**

| DSM Diagnosis |
|---|
| |

☐ **Cognitive Impairment** (e.g., acquired brain injury, intellectual disability)

| DSM Diagnosis |
|---|
| |

☐ **Autism Spectrum**

| DSM Diagnosis |
|---|
| |

☐ **Hearing (MUST provide a copy of most recent audiology report). Please indicate level of hearing loss in each ear:**

| | None | Mild | Moderate | Severe | Profound |
|---|---|---|---|---|---|
| Left | | | | | |
| Right | | | | | |

☐ Uses aided hearing

☐ Would benefit from amplification devices in an educational/vocational setting

☐ Even with aided hearing, the hearing loss interferes with learning, working, and/or activities of daily living

☐ **Mobility/Agility Impairment (e.g., spinal cord injury, spina bifida, arthritis, soft issue injury)**

| Diagnosis |
|---|
| |

☐ **Psychiatric or Psychological**

| DSM Diagnosis |
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| |

☐ **Speech**

| Diagnosis |
|---|
| |

☐ **Visual** (MUST provide a copy of most recent visual acuity report)

- ☐ 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 vison problem or reduced visual stamina such that the applicant functions throughout the day as if the 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.
- ☐ *Documentation:* The assessment was completed on (MM/DD/YYYY): _____. Assessment must be less than 3 years old or completed at age 18 or older and less than 5 years old.
- ☐ *Diagnosis:* The learning disability assessment clearly states a diagnosis of a learning disability meeting the Diagnosis and Statistical Manual for Mental Illness (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.)

# Functional Impact in a Post-Secondary Setting

| Cognitive Skills / Abilities | No Impact | Mild Impact | Moderate Impact | Severe Impact | Uncertain |
|---|---|---|---|---|---|
| Concentration/Attention | ☐ | ☐ | ☐ | ☐ | ☐ |
| Long-term Memory | ☐ | ☐ | ☐ | ☐ | ☐ |
| Short-term Memory | ☐ | ☐ | ☐ | ☐ | ☐ |
| Executive Functioning: planning, organizing, problem solving, sequencing, time management | ☐ | ☐ | ☐ | ☐ | ☐ |
| Managing Internal Distractions | ☐ | ☐ | ☐ | ☐ | ☐ |
| Managing External Distractions (auditory or visual) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to meet Deadlines | ☐ | ☐ | ☐ | ☐ | ☐ |
| Judgement | ☐ | ☐ | ☐ | ☐ | ☐ |
| Regular and Timely Attendance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Making and Keeping Appointments | ☐ | ☐ | ☐ | ☐ | ☐ |
| Stress Management | ☐ | ☐ | ☐ | ☐ | ☐ |
| Information Processing (Verbal) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Information Processing (Written) | ☐ | ☐ | ☐ | ☐ | ☐ |

| Social/Emotional | No Impact | Mild Impact | Moderate Impact | Severe Impact | Uncertain |
|---|---|---|---|---|---|
| In-class and group work interactions | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to perform class presentations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Effectively read social cues | ☐ | ☐ | ☐ | ☐ | ☐ |
| Effectively manage emotions during routine academic interactions | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to manage stress | ☐ | ☐ | ☐ | ☐ | ☐ |

| Physical Impacts | No Impact | Mild Impact | Moderate Impact | Severe Impact | Uncertain |
|---|---|---|---|---|---|
| Fatigue | ☐ | ☐ | ☐ | ☐ | ☐ |
| Standing | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sitting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lifting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Stair Climbing | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ambulation (cane, wheelchair, walker, crutches) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grasping / Gripping / Dexterity | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to access video during lecture | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to use a computer | ☐ | ☐ | ☐ | ☐ | ☐ |
| See the blackboard/whiteboard/projector in a classroom | ☐ | ☐ | ☐ | ☐ | ☐ |
| See regular print (i.e., 12 pt. font) on a computer screen or on paper | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hear the professor in a classroom setting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hear other individuals in a small classroom setting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hear conversations in a setting with background noise | ☐ | ☐ | ☐ | ☐ | ☐ |

## Severity and Prognosis

Explain the severity and prognosis of each medical diagnosis

| |
|---|
| Severity: |
| Prognosis: |

## Medications

Is the student taking any prescription medication?

| |
|---|
| Please describe any side effects that may affect participation in an educational environment |
| Do symptoms/limitations persist even with medications? If you, please describe. |

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

- ☐ This person would benefit from taking a reduced course load. Maximum course load recommended:
  - ☐ 60%
  - ☐ 40%
  - ☐ Other _____

☐ This person would benefit from supports in order to fully participate in post-secondary studies. Please specify:

| |
|---|
| |

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

| |
|---|
| |

## Medical Assessor Information

| *Full Name* | *Telephone* | *Fax* |
|---|---|---|
| | | |

*Specialization (Please indicate all that apply)*

☐ Audiologist
☐ Neurologist
☐ Ophthalmologist
☐ Family Physician
☐ Psychiatrist
☐ Registered Psychologist
☐ Other (please specify)

| *Address* | *City/Town* | *Province* | *Postal Code* |
|---|---|---|---|
| | | | |

| *Signature* *Date (MM/DD/YYYY)* | *Official Stamp of Facility* |
|---|---|
| | |
| *Registration Certificate or License Number* | |
| | |

# Medical Documentation Table

| Disability | Qualified Professionals | Required Documentation (Accessibility Services requires one of the following) |
|---|---|---|
| **ADHD/ADD** | • Specialized Health Professional<br>• (i.e. registered psychologist, neuropsychologist, psychiatrist)<br>• Treating family physician | • OC Disability Verification Form<br>• Psychoeducational Assessment |
| **Autism Spectrum Disorder** | • Specialized Health Professional<br>• (i.e. registered psychologist, neuropsychologist, psychiatrist, psychologist)<br>• Treating family physician | • OC Disability Verification Form<br>• Psychoeducational Assessment |
| **Anxiety Disorders** | • Specialized Health Professional<br>• (i.e. registered psychologist, psychiatrist)<br>• Treating family physician | • OC Disability Verification Form<br>• Other formal medical assessment or report |
| **Chronic Medical Disabilities or Conditions** | • Specialized Health Professional<br>• Medical Specialist<br>• Treating family physician | • OC Disability Verification Form |
| **Deaf/Hard of Hearing** | • Audiologist | • Audiology Assessment or Report |
| **Learning Disabilities/ Specific Learning Disorder or Potential Learning Disability** | • Registered Psychologist | • Psycho-Educational Assessment<br>*Note: Assessments completed prior to the age of 18 must be less than 5 years old. If the assessment was done before you were 18 years old, please email: accessiblity@okanagan.bc.ca |
| **Physical or Mobility Disability** | • Medical Specialist<br>• Treating family physician | • OC Disability Verification Form |
| **Mental Health Disabilities** | • Specialized Health Professional (i.e. registered psychologist, psychiatrist)<br>• Treating family physician | • OC Disability Verification Form<br>• Other formal medical assessment or report |
| **Visual Disabilities** | • Specialized health professional (i.e., ophthalmologist, optometrist, orthoptist) | • Optometry Report<br>• Visual Acuity Report |
| **Head Injury/ Traumatic Brain Injury (TBI)** | • Specialized health professional (i.e., sports medicine physician, registered neuropsychologist, registered psychologist, neurologist)<br>• Treating family physician | • OC Disability Verification Form<br>• Neuropsychological Assessment Report |
| **Other Neurological Disabilities (i.e. epilepsy, FASD, MS, MD, Parkinson's Tourette's)** | • Specialized health professional (i.e. registered neuropsychologist, registered psychologist, neurologist)<br>• Treating family physician | • OC Disability Verification Form<br>• Neuropsychological Assessment Report<br>• Other formal medical assessment or report |

**Note: while an IEP may be submitted as supporting documentation, it does not meet the criteria of the Required Documentation on its own.