

Protected A (when completed)

Year 2025-26

Advanced Education is collecting this personal information under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) to determine and verify the Applicant's eligibility for financial assistance, to administer (including research, statistical analysis, and evaluations) and to enforce student financial assistance programs in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The use and disclosure of your personal information is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta).

For more information about:

- Alberta Student Aid: call the Alberta Student Aid Service Centre at 1-855-606-2096.
- *Freedom of Information and Protection of Privacy Act* (Alberta): email the Privacy Officer at [ae.abstudentaidfoip@gov.ab.ca](mailto:ae.abstudentaidfoip@gov.ab.ca), or mail to PO Box 28000 Stn Main, Edmonton, AB T5J 4R4 or call 1-855-606-2096.

<b>Section 1: Student Information (to be completed by student)</b>		
Last Name:	First Name:	
Date of Birth:	Social Insurance Number:	Alberta Student Number:
<b>Section 2: Definition of Disability</b>		
<p>Alberta Student Aid will use this <i>Disability Verification Form</i> as one of the criteria to determine a student's eligibility to receive federal or provincial disability grant funding. Please ensure that the <b>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</b>. Where applicable, indicate if the student's disability necessitates a reduced course load (40 to 59%).</p>		
<p><b>Permanent Disability</b> 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.</p>		
<p><b>Persistent or Prolonged Disability</b> 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.</p>		
<b>Section 3: Submitting Learning Disability Assessment and Medical/Disability Assessment and Documentation for Fee Reimbursement</b>		
<p><b>Learning Disability:</b> You do not need to complete the rest of this form, instead attach a copy of a psycho-educational assessment that meets ALL of the following criteria:</p> <ul style="list-style-type: none"> <li>• Assessment is less than 5 years old or was completed when applicant was 18 years or older.</li> <li>• All pages of the assessment are required. The assessment must include official letterhead, the assessment date(s), assessor's name and signature, title, professional credentials, registration number, address, and contact information (phone/fax/email).</li> <li>• Assessment clearly states a diagnosis of a Learning Disability meeting the DSM.</li> <li>• If you are seeking an Assessment Fee reimbursement, please see below.</li> </ul>		
<p><b>Medical/Disability Assessment and Documentation Fee Reimbursement:</b> Attach a copy of a receipt along with your medical assessment (this can include this Disability Verification form) that meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• All pages of the assessment/documentation are required. The assessment/documentation must include the assessment/documentation date(s), the medical professional's name and signature, title, registration number, address, and contact information (phone/fax/email).</li> <li>• Students must pay for the assessment/documentation upfront, and are eligible for reimbursement once an eligible disability is confirmed. Include a receipt for the assessment showing it has been paid for in full.</li> <li>• Only assessments/documentation used during disability verification are eligible, and are not reimbursable retroactively outside of six months prior to your study period start date.</li> <li>• Assessment costs covered by third-party insurance or other sources are not included in the reimbursement, which would only recover remaining outstanding costs. The reimbursement will cover only what the student pays.</li> </ul>		

<b>Section 4: Nature of Disability (check and complete all that apply)</b> (must be completed by the Medical Assessor)		
<b>Mobility/Agility Impairment:</b> <i>To be completed by a physician or medical specialist.</i> <b>Choose only one disability status</b> (see Page 1 of this form).		
Diagnosis:	Permanent Disability	Persistent or Prolonged Disability
<b>Hearing Impairment:</b> <i>To be completed by an Audiologist or physician and include the degree of hearing loss. Choose only one disability status</i> (see Page 1 of this form).		
Mild	Permanent Disability	Persistent or Prolonged Disability
Moderate	Uses aided hearing	
Severe	Would benefit from amplification devices in an educational setting	
Profound		
<b>Visual Impairment:</b> <i>To be completed by an Optometrist or Ophthalmologist or physician and include the degree of vision loss. Choose only one disability status</i> (see Page 1 of this form).		
Degree of Visual Loss:	Permanent Disability	Persistent or Prolonged Disability
<b>Brain Injury/Cognitive Impairment:</b> <i>Include details about the diagnosis with supporting reports - Neuro-psychological Assessment and/or Brain Injury/Cognitive Impairment Report/Assessment.</i> <i>To be completed by a physician or neuro-psychologist. Choose only one disability status</i> (see Page 1 of this form).		
Diagnosis/Details:	Permanent Disability	Persistent or Prolonged Disability
<b>ADD/ADHD:</b> <i>To be completed by physician, Registered Psychologist, or psychiatrist. Choose only one disability status</i> (see Page 1 of this form).		
	Permanent Disability	Persistent or Prolonged Disability
<b>Psychiatric/Psychological (include the DSM):</b> <i>To be completed by physician, Registered psychologist or psychiatrist. Choose only one disability status</i> (see Page 1 of this form).		
DSM Diagnosis:	Permanent Disability	Persistent or Prolonged Disability
<b>Pervasive Development Disorder (ex. Autism):</b> <i>To be completed by physician, Registered psychologist or psychiatrist. Choose only one disability status</i> (see Page 1 of this form).		
	Permanent Disability	Persistent or Prolonged Disability
<b>Other/Chronic Illness:</b> <i>Be specific. To be completed by the appropriate medical professional.</i> <b>Choose only one disability status</b> (see Page 1 of this form).		
Diagnosis:	Permanent Disability	Persistent or Prolonged Disability



**Section 6: Suggested Accommodations or Supports for Post-Secondary Studies:**  
(must be completed by the Medical Assessor)

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 to 59% of a full-time course load)

Services - Be specific: (ex: *tutoring, note-taking, alternate formats, academic strategist, sign-language interpreting*)

Equipment/Assistive Technology – Be specific: (ex: *computer/laptop, digital recorder, specialized software, noise canceling headphones, low glare monitor*)

**Section 7: Medical Assessor Authorization**  
(must be completed by the Medical Assessor)

Name of Qualified Medical Assessor:

Registration Certificate No:

Specialty:

Medical Office Stamp and/or Medical Office Address (required)

Signature:

Date Signed (YYYY-MM-DD):

Telephone No: