

Protected A (when completed)

**Year 2022-23**

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)

**Section 1: Student Information (to be completed by student)**

Last Name			First Name		
<input type="text"/>			<input type="text"/>		
Date of Birth: Year	Month	Day	Social Insurance Number	Alberta Student Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Section 2: Verification of Disability (to be completed by the Medical Assessor)**

Alberta Student Aid will use this Disability Verification Form as one of the criteria to determine a student's eligibility to receive federal or provincial disability grant funding. 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**. Incomplete forms will result in denial and/or delays for the applicant. Where applicable, indicate if the student's disability necessitates a reduced course load (40 to 59%).

**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.

\* Definitions for eligibility of federal grant funding are pending Government of Canada approval, and could change prior to the start of the academic year (August 1, 2022). Please consult <https://www.canada.ca/en/services/benefits/education/student-aid.html> for the latest information.

Please review and answer the following based on the definitions above: (if either statement is left blank, it is assumed the student does not meet either criteria)

Does the applicant have a permanent disability?  Yes  No

Does the applicant have a persistent or prolonged disability?  Yes  No

**Learning Disability:** The rest of this form is not required to be completed. Attach copy of eligible psycho-educational assessment:

- Assessment is less than 5 years old or was completed when applicant was 18 years or older.
- Attached assessment is complete, on official letterhead, includes the assessment date(s), assessor's name, title, professional credentials, registration number, address, phone/fax and is signed and dated.
- Assessment clearly states a diagnosis of a Learning Disability meeting the DSM.

**Section 3: Nature of Disability (check and complete all that apply)**  
(to be completed by the Medical Assessor)

**Mobility/Agility Impairment:** To be completed by physician or medical specialist.

Diagnosis:

**Hearing Impairment:** To be completed by Audiologist or physician and include the degree of hearing loss.

- Mild                       Uses aided hearing
- Moderate                     Would benefit from amplification devices in an educational setting
- Severe
- Profound

**Visual Impairment:** To be completed by Optometrist or Ophthalmologist and include the degree of vision loss.

Degree of visual loss:

**Brain Injury/Cognitive Impairment:** Include details about the diagnosis with supporting reports – Neuro-psychological Assessment and/or Brain Injury/Cognitive Impairment Report/Assessment.

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

**Psychiatric/Psychological (include the DSM):** To be completed by physician, psychologist or psychiatrist.

DSM Diagnosis

**Pervasive Development Disorder (ex. Autism, Asperger's):** To be completed by physician, psychologist or psychiatrist.

Diagnosis

**Other/Chronic Illness: Specify.** To be completed by the appropriate medical professional.

Diagnosis

**Section 4: Functional Limitations (to be completed by the Medical Assessor)**

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

Check all that apply.

- Standing                     Sitting                       Stair Climbing                       Ambulation (cane, wheelchair, walker, etc.)
- Fatigue                     Handwriting                       Lifting/Carrying/Reaching                       Grasping/Gripping/Dexterity
- Keyboarding                     Other - specify: \_\_\_\_\_

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

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

Check all that apply.

- Attention and Concentration     Memory     Information Processing (verbal and written)  
 Stress Management     Social Interactions     Organization and Time Management  
 Communication     Other - specify: \_\_\_\_\_

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:

**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 to 59% of a full time course load)  
 Services – please specify: (ex: tutoring, note-taking, alternate formats, academic strategist, sign language interpreting)

- Equipment/Assistive Technology – please specify: (ex: computer/laptop, digital recorder, specialized software, noise canceling headphones)

**Section 5: 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 yyyy-mm-dd

Signature

Medical Office Stamp