Disability Verification Form Students with Permanent or Persistent or Prolonged Disabilities

Protected A (when completed)

Year 2023-24

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, or mail to PO Box 2800 Stn Main, Edmonton, AB T5J 4R4 or call 1-855-606-2096.

Section 1: Student Information (to be completed by student)		
Last Name:	First Name:	
Date of Birth:	Social Insurance Number:	Alberta Student Number:

Section 2: Verification of Disability (must 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 – 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.

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 a copy of an eligible psycho-educational assessment:*

- ☐ Assessment is less than 5 years old or was completed when applicant was 18 years or older.
- ☐ 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).
- ☐ Assessment clearly states a diagnosis of a Learning Disability meeting the DSM.

Section 3: Nature of Disability (check and complete all that apply)
(must 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
- ☐ Moderate
- ☐ Severe
- ☐ Profound
- ☐ Uses aided hearing
- ☐ Would benefit from amplification devices in an educational setting

☐ **Visual Impairment:** *To be completed by Optometrist or Ophthalmologist or physician 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 (must be completed by 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
(must be completed by 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:	