

Protected A (when completed)

Advanced Education is collecting personal information in this document for the following purposes: to determine and verify the Applicant's eligibility for financial assistance; to administer student financial assistance programs (including research, statistical analysis, and evaluations); and to apply and enforce the requirements of 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*, and respective regulations thereunder, each as they may be amended from time to time. This collection is authorized by sections 4(a) and (c) of the *Protection of Privacy Act*, section 14.1 of Schedule 2 of the Student Financial Assistance Regulation (Alberta), and section 4 of the *Canada Student Financial Assistance Act*.

General questions: Contact the Alberta Student Aid Service Centre at 1-855-606-2096

Questions about the collection of personal information:

- email the Alberta Student Aid Protection of Privacy Office at: ae.abstudentaidpopa@gov.ab.ca; or,
- send mail to the Alberta Student Aid Privacy Office at PO Box 28000 Stn Main, Edmonton AB T5J 4R4.

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

Last Name (Required):		First Name (Required):	
Birth Date (Required):		Alberta Student Number or Social Insurance Number (Required):	

Section 2: Definition of Disability

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 the **information thoroughly represents this student's disability/disabilities and details of the functional limitations affecting the student's ability to meet the regular and typical demands of a post-secondary environment.** 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.

Section 3: Submitting Learning Disability Assessment and Medical/Disability Assessment and Documentation for Fee Reimbursement

Learning Disability: 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:

- 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.
- If you are seeking an Assessment Fee reimbursement, please see below.

Medical/Disability Assessment and Documentation Fee Reimbursement: Attach a copy of your receipt along with a medical assessment (this can include this Disability Verification form) meeting all of the following criteria:

- 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).
- 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.
- 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.
- 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.

The medical professional must provide their initials to verify the above information _____.

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

The medical professional must provide their initials to verify the above information _____.

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 to 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, headphones, low glare monitor, ergonomic chair, sit/stand desk)

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

Name of Qualified Medical Assessor (required):

Registration Certificate No (required):

Specialty (required):

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

Signature (required):

Date Signed (YYYY-MM-DD) (required):

Telephone No (required):