Queen's Student Accessibility Services

Queen's University Côté Sharp Wellness Centre, Mitchell Hall 69 Union Street | Kingston, ON | K7L 3N6 613-533-2506 https://www.queensu.ca/studentwellness/accessibility-services/



Verification ATTENTION/ LEARNING/ NEURODIVERSITY

PART A – Student Information

STUDENT INFORMATION

Last Name: _____ Preferred/Given Name: _____

Date of Birth: _____ Student Number: _____

Queen's Net ID: _____

Phone Number:

DISCLOSURE & CONFIDENTIALITY

- Medical diagnosis is not required to receive accommodations.
- To recommend appropriate accommodations QSAS uses information about functional impacts (i.e., how your medical diagnosis might impact you at university).
- QSAS will hold all medical information confidentially. Information about medical diagnosis will not be shared without your express and written consent.
- All information on this form will be kept strictly confidential, even if consent to share medical diagnosis is not provided.

Do you consent to your medical diagnosis being identified on this form?



Do you consent to having this form shared with Queen's Student Accessibility Services (QSAS)?

NO

NO

YES





Personal information is collected under the authority of the *Queen's University Royal Charter, 1841,* as amended, and will be used to provide disability-related services and accommodations for studies at university. Questions regarding the collection or use of this personal information should be directed to Manager, QSAS, 69 Union Street, Kingston, ON, K7L 3N6, (613) 533-2506, accessibility.services@queensu.ca

PART B – Health Care Information

VERIFICATION OF IMPACT

If student has consented above to disclose their medical diagnosis, please provide a diagnostic statement below.

MEDICAL INFORMATION – FUNCTIONAL IMPACTS

Level of Severity	Mild	Moderate	Severe
Is functioning restricted to certain times of day?	Morning 🔲	Afternoon	Evening
Could student's academic success be impacted by	YES 🗌	NO	
any ongoing treatment (medication or			
otherwise)?			

If yes, what impacts might this treatment have on the student's academic functioning?

RESTRICTIONS & LIMITATIONS

Symptoms/Restrictions	N/A	Mild to Moderate	Serious to Severe	Comments
PHYSICAL				
Sensitivity to Tactile or Olfactory Stimuli				
Sensitivity to Visual Stimuli				
Sensitivity to Auditory Stimuli				
THINKING				
Difficulty Concentrating				
Difficulty Recalling Information				
Difficulty Processing Information				
Difficulty Organizing/Planning				
Difficulty with Divided Attention				
Difficulty Managing Internal Distractions				
Difficulty Managing External				
Distractions				
Difficulty with Sustained				
Attention/Focus				
SOCIO-EMOTIONAL		_		
Difficulty Interacting with Others				
Difficulty Making Decisions				
Problems with Procrastination				

Poor Time Management		

ACADEMIC IMPACTS

	N/A	Mild to	Serious	Comment	
		Moderate	to Severe		
Attending Class					
Taking Notes					
Reading					
Writing Assignments					
Completing Exams					
Delivering Presentations					
Meeting Assignment Deadlines					
Participating in Group Activity					
Other					
	•				
COURSE LOAD					
Would you recommend a Reduce	ed Course L	.oad for this stu	udent? Y	ES NO	
Additional Information on course	e load (if requ	uired)			
HEALTH CARE PROFESSIONAL INFORMATION					
Name (please print)					
Signature					

Date (DD, MM, YR)	
Specialty	
Registration/License No.	
Facility Name and Address	
(Use Official Stamp if Available	
Phone	
Email	