



## Assessment of Functional Impairments

Based on your professional opinion, please **describe and indicate the degree of impact** of each of the following areas of functional impairment as they relate to participation in the university setting.

No impact   Mild impact   Moderate impact   Severe impact   Don't Know

Attention and concentration

Memory

Information processing

Stress management

Social interactions

Managing distractions

Organization &  
time management

Timely completion of tasks

Limited functioning at  
certain times of day  
(please specify):

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Other (please specify):

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## Academic Workload

- **Undergraduate:** A minimum of 4 to 5 courses per term is typically considered full-time.
- **Graduate:** A minimum of 2 courses per term is typically considered full-time.

Do you think the student is able to maintain full-time course load at university? Yes

If no, how many courses? \_\_\_\_

Do you consider the student to be in stable condition and capable of sustaining normal academic stress with appropriate accommodations and supports? Yes      No

## Additional Information

Will you be monitoring the student on a regular basis?

\_\_\_ Yes, every (indicate months or weeks between sessions)

\_\_\_ No, this student will be followed by (health practitioner's name):

If the student has been prescribed medication for this condition, can you specify current side effects that may impair the student's academic performance?

Please note diagnosis of coexisting conditions:

Is the student involved in any non-pharmacological treatment for their symptoms?

## Certificate of Attending Registered/Certified Health Professional

I hereby certify that I provided health care services to, \_\_\_\_\_, a student at Carleton University. I am providing the above information for use by the University in assessing what academic accommodations, if any, should be offered to the student. I understand I may be contacted by the student's PMC coordinator to verify this information, but will not be requested to provide further information without the consent of the student.

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

**Stamp or business card here**

The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 and the Personal Health Information Protection Act (PHIPA), 2004 SO 2004, c.3 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact the Privacy Office at phone: (613) 520-2600 ext. 2047, e-mail [University.Privacy.Office@carleton.ca](mailto:University.Privacy.Office@carleton.ca) or mail: 607 Robertson Hall Carleton University 1125 Colonel By Drive, Ottawa Ontario K1S 5B6. Carleton University is fully compliant with FIPPA and PHIPA and endeavors at all times to treat your personal information in accordance with the law.