

Degree of impairment is: mild

## **Paul Menton Centre for Students with Disabilities**

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## **DOCUMENTATION OF ADHD**

Student's Name:	_ Date (YYYY-MM-DD):
PART A: Student's Informed Consent (To be complete	
I authorize Drother information relevant for provision of disability su for Students with Disabilities.	
Student Signature :	_ Date (YYYY-MM-DD):
Student's Informed Release is done in accordance of Information and Protection of Privacy Act. Sections 41. of personal information and sections 42.(1)(b), s.42(1) personal information	(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use
PART B: To be completed by a regulated health care p	<u>orofessional</u>
What are the purposes of this documentation?	
<ul> <li>Confirm the presence of a formally diagnosed of Identify functional limitations or impairments e</li> <li>Information will be used to determine accomm the university setting including eligibility to a rafunding.</li> </ul>	xperienced in the university academic setting odations and support services appropriate to
<ul> <li>Who can complete this form?</li> <li>To be completed by a registered psychologist doctor in the treatment of ADHD or the student</li> </ul>	, psychiatrist, other relevantly trained medical nt's family physician.
Statement of Disability DSM-5 diagnosis (including type of ADHD):	
Date of diagnosis (YYYY-MM-DD):	<u> </u>
Please check one of the following two statements:	
Not a disability in the current academic setting.	
Permanent disability that is expected to remain	with the student throughout their natural life.

moderate

severe

## **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):
Other (please specify):
Academic Workload
<ul> <li>Undergraduate: A minimum of 4 to 5 courses per term is typically considered full-time.</li> <li>Graduate: A minimum of 2 courses per term is typically considered full-time.</li> </ul>
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: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_ Email: \_\_\_\_ Signature: \_\_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

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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 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.