

Degree of impairment is: mild

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

501 Nideyinàn, 1125 Colonel By Drive Ottawa, ON, Canada K1S 5B6

Tel: (613) 520-6608

Web: carleton.ca/pmc Email: pmc@carleton.ca

## **DOCUMENTATION OF ASD**

Student's Name:		Date of birth (YYYY-MM-DD):		
PART A: S	tudent's Informed Consent (To be complet	ed by the student)		
	on relevant for provision of disability suppor	(full name) to release this form and provide other ts and services at the Paul Menton Centre for Students		
Student Signature :		Date signed (YYYY-MM-DD):		
and Prote	ection of Privacy Act. Sections 41.(1)(a), 4	th the following sections of the Freedom of Information $1.(1)(b)$ , and $41.(1)(c)$ allowing for the use of personal $2(1)(d)$ allowing for the disclosure of personal information		
PART B: T	o be completed by a regulated health care	<u>professional</u>		
What are	the purposes of this documentation?			
<ul><li>Ide</li><li>Inf</li><li>un</li><li>Who can e</li><li>To</li></ul>	formation will be used to determine accomn liversity setting including eligibility to a range complete this form?	experienced in the university academic setting nodations and support services appropriate to the e of benefits such as access to government funding.  , psychiatrist, other relevantly trained medical doctor in		
	omplete this form?	priysician.		
• All	•	fully and objectively by the student's regulated health of the student's disability-related needs.		
	t of Disability agnosis:	_		
Date of di	agnosis (YYYY-MM-DD):			
Please ch	eck one of the following two statements:			
	t a disability in the current academic setting rmanent disability that is expected to remain	n with the student throughout their natural life.		

severe

moderate

## **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							
Processing speed							
Communication/language sk	tills						
Group projects							
Oral participation							
Managing distractions							
Organization & time management							
Timely completion of tasks							
Personal hygiene							
Social interactions							
Adaptation to scheduling ch	anges						
Sensitivity to environmental conditions							
Activities of daily living (If living away from home)							
Other (please specify):							
Academic Workload							
<ul><li>Undergraduate: A m</li><li>Graduate: A minimu</li></ul>		•			me.		
Do you think the student is a		tain full-time o	course load at univer	sity? Yes	No		
Do you consider the student appropriate accommodation			and capable of sustai No	ning normal aca	demic stress with		

## **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, 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: \_\_\_\_\_

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 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.

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