

# Medical Verification Form

# BRIERCREST

Briercrest College and Seminary provides students with access to a network of holistic care teams to ensure that students have the opportunity to grow and succeed. With our available resources, we do our best to walk with students with permanent or temporary disabilities and to facilitate services to support them on their academic journey while maintaining the integrity of our institutional mission and of higher education requirements and standards.

To access academic accommodations:

- A student with a medical disability must have this form completed by a licensed health care practitioner.
- A student with a learning disability does not complete this form and instead must submit a psycho-educational assessment by a registered psychologist.

The information on this form and/or documents provided will be kept in the student's file and held strictly confidential unless permitted otherwise by the student or required by law.

Completed forms may be returned to Briercrest College and Seminary's Academic Resource Centre Coordinator by email, mail, fax, or in person.

**Mail to:**

Academic Resource Centre Coordinator  
Briercrest College and Seminary  
510 College Dr  
Caronport SK S0H 0S0

**Email:** academicresourcecentre@briercrest.ca

**Fax:** 306-912-7862 (Attn: Academic Resource Centre Coordinator)

**Visit:** Room L234, located in the Archibald Library

Student Information - Note: Student is to complete this gray box only.				
Last Name		First Name		
Address		City/Town	Province	Postal Code
Primary Telephone	E-mail		Date of Birth (dd/mm/yyyy)	

Student Authorization for Release of Information	
I authorize the release of the information on this form to the Academic Resource Centre Coordinator at Briercrest College and Seminary.	
Student Signature	Date
Witness Signature	Witness Printed Name

Licensed Health Care Practitioner – please complete the remainder of this form				
Telephone	First Name		Last Name	
Address		City/Town	Province	Postal Code
Professional Stamp		Professional Designation of Certified Assessor		
		If Other:		
Signature	License Number		Date	

## Disability Information

The disability impacts the student's daily living, academic activities, and/or the student's ability to participate fully at Briercrest. Limitations may be the result of physical disabilities, neurological impairments, mental health disorders, chronic illness, or temporary medical conditions.

Diagnosis or, if a mental health condition, DSM nomenclature. For example, MDD or GAD		Date diagnosed (dd/mm/yyyy)
1.		1.
2.		2.
<b>Permanent disability</b>	A permanent disability is a functional limitation caused by physical and/or mental impairment which restricts a person's ability to perform daily activities necessary for full participation in post-secondary studies or in the labour force and is expected to remain with the person for the course of their life.	<b>Continuous Episodic</b>
Temporary disability, illness, or injury (e.g. concussions, broken arm)		
Term ending December 31	Term ending April 30	Other:
How long have you been treating this patient?	Is this patient currently under your care?	

## Impact of disability on functions necessary to participate in post-secondary studies

	IMPACT
Concentration	
Memory	
Managing distractions	
Stress management	
Organization	
Notetaking	
Writing	
Exam/Testing situations	
Timely completion of tasks	
Regular and timely attendance	
Making and keeping appointments	
Information processing (written/verbal)	
Group participation	
Other (e.g. sleep, self-care, social interaction):	

## Academic Accommodation Recommendations

Health care practitioner, please mark those accommodations that you believe will facilitate an equitable learning environment for the student.

### CLASSROOM ACCOMMODATIONS

**May miss class occasionally\*** – due to the variable impact of the disability on the student's health

\*Briercrest's attendance policy requires that students maintain a 90% attendance average (no more than four allowed absences in a 15-week semester). Do you believe the student is capable of meeting this requirement? \_\_\_\_\_

Yes                  No

If no, please explain:

**May require extensions on assignments** – due to needing more time because of illness, cognitive processing, or executive function disorders

**Notetaking support** – to compensate for executive function disorders or physical ability.

**Audio-recording lectures** – to compensate when a student finds it difficult to take notes and focus simultaneously

**Use of assistive technology** – the student would benefit from using a personal laptop, a smart pen, etc. when taking notes or alternative format textbooks

### EXAM ACCOMMODATIONS

**Extended time** – to compensate for cognitive processing or executive function

**Quiet space** – to reduce anxiety and distraction

**Use of computer** – to allow students to be more focused and organized when writing ability is affected

**Reader/Speech-to-text software** – for low reading, vision problems, and/or executive function

**Scribe/Text-to-speech software** – when a student is unable to use a computer or write unassisted

Other Recommended Accommodations (please specify):

Do you consider this student to be in a stable condition and capable of sustaining typical academic stress with appropriate support?

Yes  
No

If NO, please provide a further explanation: