

Purpose of this Form

This form is used by the Ministry of Training, Colleges and Universities (“the ministry”) to obtain information/documentation on the student’s disability from the student’s physician or other regulated health care practitioner. Disability documentation will be used for purposes of assessing the student’s eligibility for disability-related funding available under OSAP and/or for consideration under the 30% Off Ontario Tuition grant disability-related eligibility criteria. The documentation is also required for consideration as a person with a disability under the minimum required student loan course load requirement.

Disability-related funding under OSAP includes: Ontario Bursary for Students with Disabilities, Canada Student Grant for Persons with Permanent Disabilities, and Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities. This form is not an application for any of the above named funding programs. It is only a form for providing supporting documentation for disability-related eligibility criteria.

To be eligible for disability-related Canada Student Grants the student must have a permanent disability, which is defined as a functional limitation:

- caused by a physical or mental impairment;
- that restricts the student’s ability to perform the daily activities necessary to participate in studies at postsecondary level or the labour force; and
- that is expected to remain with you for your whole life.

Documentation is usually only required once by the ministry to confirm a student’s disability. However, the ministry or the school the student is attending can ask for additional documentation at any time to confirm or re-establish disability status. The privacy of all disability documentation is protected by the ministry under the Freedom of Information and Protection of Privacy Act.

Who Should Use this Form?

Students attending a private postsecondary school in Ontario or any postsecondary school outside of Ontario:

Use this form if you do not have documentation from your physician or other regulated health care practitioner that clearly provides the following information:

- Diagnosis;
- Impact of disability(ies) on participation in postsecondary studies;
- Permanence of disability (temporary or permanent); and,
- Physician or health care practitioner’s name and contact information

Students Attending a Publicly-Assisted College or University in Ontario:

It is not necessary to use this form if your school’s Office for Students with Disabilities has provided you with a disability verification form that collects the same information as described above. Please speak to the staff at your school’s Office for Students with Disabilities for more information.

Students Diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD):

You may use this form, your school’s disability verification form, or you can provide a psycho-educational assessment or other diagnostic documentation from a registered psychologist or psychological associate, a neuropsychologist, or physician with ADD/ADHD training.

Who Should Use this Form?

Persons diagnosed with a learning disability do not need to complete this form. Instead, a psycho-educational assessment conducted by a registered psychologist or psychological associate and completed when the student was at least 18 years of age or within the past five (5) years is required.

How to Complete this Form

The student must fill out Section 1 of this form (pages 3 and 4) and sign the Notice, Declarations and Consents. The student will then bring Section 2 of this form (pages 5, 6 and 7) to their physician or other regulated health care practitioner for completion.

Where to Send Your Completed Form

Students attending a private postsecondary school in Ontario or any postsecondary school outside of Ontario:

Submit sections 1 and 2 of this completed form to the ministry at:

Student Financial Assistance Branch
Ministry of Training, Colleges and Universities
189 Red River Road, 4th Floor
Thunder Bay, ON P7B 6G9

Students attending a publicly-assisted college or university in Ontario:

Submit sections 1 and 2 of this completed form directly to your school's Office for Students with Disabilities or Financial Aid Office. In all cases, the Office for Students with Disabilities will review the information provided on this form in order to verify information that is required for OSAP and 30% Off Ontario Tuition grant purposes and will communicate this information to the student's Financial Aid Office at their school.

Students are responsible for covering any costs related to the completion of this form.



Ontario

Ministry of Training, Colleges and Universities
Student Financial Assistance Branch

2014-2015

**Disability Verification Form:
Ontario Student Assistance Program (OSAP) &
30% Off Ontario Tuition Grant**

Section 1: Student Information (to be completed by the student)

What is the name of the school you plan to attend?

Social Insurance Number:

Student number at your school:

Ontario Education Number (OEN), if assigned to you:

Last name:

First name:

Date of birth:

Day Month Year

Mailing Address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province or state:

City, town, or post office:

Postal code or zip code:

Country:

Area code and telephone number:

Section 2: To be completed by a physician or other regulated health care practitioner

Purpose of this Form

This form will be used to determine your patient's eligibility for Ontario Student Assistance Program (OSAP) funding for students with disabilities and disability-related eligibility for the 30% Off Ontario Tuition grant funding. Eligibility for funding is based on the functional impact of the disability on the patient's ability to participate in a postsecondary educational environment and permanence of their disability.

Instructions for Completion

Section 2 is three pages in length. All three pages must be completed. Please provide clear diagnostic statements, avoiding such terms as "suggests" or "is indicative of". Please note any multiple diagnoses or concurrent conditions. Your patient has given consent in Section 1 of this form to the disclosure of this personal health information to the ministry and his or her postsecondary school. Once you have completed Section 2, please return all three pages to the student.

Patient Information

First name:

Last name:

Date of Birth:

Day Month Year

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Physician or Health Care Practitioner Information

First name:

Last name:

Specialty (indicate all that apply)

- Audiologist Chiropractor Neurologist Occupational Therapist Optometrist
 Ophthalmologist Physician - family Physician - Psychiatrist Physiotherapist
 Psychologist or Psychological Associate Rheumatologist
 Other (specify) :

Licence #:

10-Digit Work Telephone Number:

ext.

I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related educational barrier(s) indicated.

Signature:

Date :

Day Month Year

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Please affix official stamp of facility name and address below:

Note: If you don't have an office stamp, please sign and attach your letterhead to this form.

Type of Disability (check all that apply)

Physical Disability/Mobility Impairment (e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)

Diagnosis:

Visual Impairment

Visual acuity: _____ Visual field: _____

Diagnosis:

Hearing Impairment

Please indicate hearing loss in better ear:

Mild Moderate Severe Congenital Profound

Does the patient use hearing aids? Yes No

Does the patient require amplification devices in an educational setting? Yes No

Diagnosis:

Speech Impairment

Diagnosis:

Acquired Brain Injury

Provide date of injury:

| Day | Month | Year |
|-----|-------|------|
| | | |

Diagnosis:

Pervasive Developmental Disorder (e.g., autism, neurological disorder, Asperger's, FASD)

Diagnosis (Use the most recent DSM criteria):

Mental Health Disability

Diagnosis (Use the most recent DSM criteria):

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Psycho-educational assessment performed?

Yes - Attach a copy of the assessment. No Unknown

Diagnosis:

Other (specify) : _____

Diagnosis:

Section 2: cont'd

Patient First Name: _____

Last Name: _____

Permanence of Disability (please choose ONE of the following statements that best describes the patient)

The patient's disability (or disabilities) is **temporary**.

Please indicate anticipated duration of disability: _____

The patient's disability (or disabilities) is **permanent** with ongoing (chronic or episodic) symptoms that will restrict his/her ability to perform the daily activities necessary to fully participate in postsecondary studies or in the labour force, and the disability is expected to remain for his/her lifetime.

Disability Impacts on Daily Functioning

Physical Impacts (check all that apply)

Ambulation Standing Sitting Stair Climbing Lifting/Carrying/Reaching

Grasping/Gripping/Dexterity

Please describe:

Cognitive and/or Behavioural Impacts (check all that apply)

Attention and Concentration Memory Information Processing (verbal and written)

Stress Management Organization and Time Management Social Interactions

Communication Other - Specify: _____

Please describe:

Medication

Is the patient currently taking any prescription medications? Yes No

If yes, indicate any side effects (alertness, concentration, nausea) that may affect the patient's participation in an educational environment:

Recommended Supports (Optional - Check all that apply)

The patient is advised to take a reduced course load.

The patient requires specialized computer equipment and/or software and/or ergonomic furniture in order to participate in postsecondary education. Please specify:

The patient requires specialized services such as tutoring, note taking, counselling, and/or transportation in order to participate in postsecondary education. Please specify:

If you require more space, please attach additional information on your letterhead.