



Verification of Permanent Disability Form

Ministry Date Stamp

Full-Time Studies (attach Canada Student Grant for Persons with Permanent Disabilities form) Part-time Studies

If you are requesting Canada Student grant for Services and Equipment for Person with Permanent Disabilities please take this form to the Disability Coordinator at your school.

Important: If current medical documentation does not exist, this verification of permanent disability form can be used as one of the criteria to determine this student's federal and/or provincial funding eligibility.

Please ensure you: 1. Provide a diagnosis of this student's permanent disability (*must meet the definition on page 4*).
2. List all the daily functional impacts of the disability to the student in an educational setting.

Fees charged to complete this form are the responsibility of the student and will not be reimbursed by the Ministry of Advanced Education and Labour Market Development.

Section 1 PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT)

STUDENT'S LEGAL LAST NAME										STUDENT'S SOCIAL INSURANCE NUMBER									
STUDENT'S LEGAL FIRST NAME										MIDDLE INITIAL		GENDER		DATE OF BIRTH					
MAILING ADDRESS										All mail will be sent to this address									
CITY/TOWN										PROVINCE/STATE				POSTAL CODE/ZIP CODE					
E-MAIL										TELEPHONE NUMBER									
SCHOOL NAME																			

This form is to be completed by qualified Medical Assessor — Complete only the sections that apply

Section 2 PHYSICAL DISABILITY (TO BE COMPLETED BY A PHYSICIAN)

What are the current symptoms of the student's permanent physical disability?

Diagnosis (Including diagnostic measures used to determine diagnosis).

Medication and side effects.	Which symptoms does the medication manage?
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Describe the student's daily functional limitations in an educational setting.

VISUAL IMPAIRMENT (TO BE COMPLETED BY AN OPHTHALMOLOGIST, OPTOMETRIST OR ORTHOPTIST)

I certify this client to be visually impaired according to the following criteria: (Indicate appropriate description)

- A visual acuity of 6/21 (20/70) or less in the better eye after correction.
- A visual field of 20 degrees or less in the better eye after correction.
- Any progressive eye disease with a prognosis of becoming one of the above in the next two years.
- An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if his/her visual acuity is limited to 6/21 or less in the better eye after correction.

Diagnosis (including diagnostic measures used to determine diagnosis).

Describe the student's daily functional limitations in an educational setting.

Section 2 continued HEARING DISABILITY (TO BE COMPLETED BY CERTIFIED AUDIOLOGIST)

Level of hearing loss (Indicate appropriate description[s])

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Mild | <input type="checkbox"/> Uses aided hearing. |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Hearing loss interferes with client's learning. |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Would benefit from amplification devices in an educational/vocational setting. |
| <input type="checkbox"/> Profound | |

Describe the student's daily functional limitations in an educational setting and recommended device (attach an audiogram report).

NEUROLOGICAL DISABILITY (TO BE COMPLETED BY A NEUROLOGIST, PSYCHIATRIST OR PHYSICIAN)

Diagnosis (including diagnostic measures used to determine diagnosis).

Medication and side effects.

Which symptoms does the medication manage?

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Describe the student's daily functional limitations in an educational setting.

MENTAL HEALTH (TO BE COMPLETED BY A CLINICAL PSYCHOLOGIST, PSYCHIATRIST OR PHYSICIAN)

Diagnosis (including diagnostic measures used to determine diagnosis; DSM-IV diagnosis required).

Medication and side effects.

Which symptoms does the medication manage?

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Describe the student's daily functional limitations in an educational setting.

DEVELOPMENTAL DISABILITY (TO BE COMPLETED BY A PHYSICIAN OR PSYCHOLOGIST)

Diagnosis (including diagnostic measures used to determine diagnosis).

Medication and side effects.

Which symptoms does the medication manage?

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Describe the student's daily functional limitations in an educational setting.

Important

Students with learning disabilities must also submit a current (within the last five years) psycho-educational/learning disability assessment.

Qualifications of Assessor

- No Yes I am a registered psychologist with an expertise in diagnosing learning disabilities; or
- No Yes I am a certified school psychologist and (if in British Columbia) a member in good standing with the British Columbia Association of School Psychologists. (You must be or have been employed by a provincially funded school board/college/university at the time of the learning disability assessment.)

Please Note: British Columbia certified school psychologists conducting learning disability assessments outside their employment role/situation (i.e., private practice) will not be recognized as having met ministry criteria for qualified assessors.

- No Yes I am a psychological associate with limited register designation.

Please Note: Psychologists or psychological associates practicing in a limited Register designation must submit a copy of the restrictions of their practice from the College of Psychologists of B.C.

Documentation

- No Yes The learning disabilities report is attached and was completed in the last five years. In some cases a current achievement assessment may be required for students in transition to post-secondary education in order to accurately reflect current academic ability.
- No Yes The learning disability report is complete, typed on official letterhead, includes the assessment date and the psychologist's name, title, professional credentials, address and phone/facsimile number, and is signed and dated.

Diagnostic Features

- No Yes The diagnosis of the individual's achievement on individually administered, standardized comprehensive tests in reading, mathematics or written expression are *substantially below** that expected for age, schooling and level of intelligence; and
- No Yes The learning disability *significantly* interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.

(**Substantially below* is defined as a discrepancy of more than two standard deviations between achievement and IQ, or a smaller discrepancy between achievement and IQ [i.e., between one and two standard deviations] in cases where an individual's performance may have been compromised by an associated disorder in cognitive processing, a co-morbid mental disorder or general medical condition, or the individual's ethnic or cultural background.)

Learning Disability Diagnosis

- No Yes The learning disability assessment report clearly states a diagnosis of a learning disability meeting DSM-IV diagnostic criteria which describes the level of severity and the manner in which the disability significantly interferes with academic functioning.
- No Yes The report contains recommendations for specific reasonable accommodations that are needed to address the current and substantial impact of the disability on the student's academic functioning. Recommendations are supported by test scores and are included in the report.

Mailing address: Ministry of Advanced Education and Labour Market Development
StudentAid BC, Special Programs Unit
PO Box 9173 Stn Prov Govt
Victoria, BC V8W 9H7

Courier Address: Ministry of Advanced Education and Labour Market Development
StudentAid BC, Special Programs Unit
1106 Cook St
Victoria BC V8V 3Z9

Phone: 250 387-6100 (in Victoria), 604 660-2610 (in the B.C. Lower Mainland), or 1 800 561-1818 (toll-free in Canada/U.S.).
TTY line for deaf or hearing impaired: 250 952-6832.

Complete all areas – Do not leave any sections blank!

(01) STUDENT'S LEGAL LAST NAME STUDENT'S LEGAL FIRST NAME MIDDLE INITIAL

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(02) How long has the patient been in your care for these medical conditions? Since: YYYY MM DD

Note: a case history of three to five years is required in most cases.

No Yes (03) Is this a permanent* disability? YYYY MM DD

No Yes (04) Is this a chronic** disability? Date of onset: YYYY MM DD

No Yes (05) Does the disability result in a daily functional limitation, restricting the ability of the student to perform the daily activities necessary to participate fully in their studies?

<p>(05a) Explain the daily functional impact of the disability to the student in an educational setting. If more space is required, please attach a sheet to this completed form.</p> <p>1. Impact of the primary disability barrier(s).</p> <p>2. Impact of the secondary disability barrier(s).</p> <p>3. Other barrier(s.)</p>	<p>(05b) What supports can reduce the impact of the disability to the student, in an educational setting? List all services or equipment that are disability related.</p> <p>1.</p> <p>2.</p> <p>3.</p>
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(06) Explain the severity and prognosis of the student's current permanent disability.

Severity:

Prognosis:

<p>NAME OF CERTIFYING MEDICAL ASSESSOR</p> <p>OCCUPATION OF MEDICAL ASSESSOR</p> <p>MAILING ADDRESS</p> <p>CITY / TOWN</p>	<p>REGISTRATION / CERTIFICATE #</p> <p>AREA CODE TELEPHONE NUMBER</p> <p>AREA CODE FACSIMILE NUMBER</p> <p>PROVINCE POSTAL CODE</p>
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X Signature (in ink) Date

***Permanent Disability**
A person with "a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level or the labour force and is expected to remain with the person for the person's expected natural life."

****Chronic illness/syndrome**
The illness/syndrome must have been persistent for a minimum of three years and is likely to last and become permanent. The illness/syndrome restricts the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level.

Medical Office Stamp

Required