

DOCUMENTATION OF AUTISM SPECTRUM DISORDER

STUDENT

I understand that this form will be released to Academic Accommodations Services, University of Ottawa for the following purposes:

- to confirm the presence of Autism Spectrum Disorder;
- evaluate functional limitations in the learning environment;
- to help Academic Accommodations Services determine appropriate accommodations and supports.

* The information you provide in the form can be used to assess the need for learning supports, academic accommodations, or access to a range of benefits including government funding.

STUDENT NAME	STUDENT NUMBER
STUDENT SIGNATURE	DATE

WHO CAN COMPLETE THE FORM?

The documentation form is to be completed by the student's **treating Family Physician, Nurse Practitioner, Registered/Clinical Psychologist, Neuropsychologist, and Psychiatrist**. The health professional has knowledge of the patient's history and is licensed to diagnose and treat acquired brain injuries. Students are not to fill out the medical form or functional limitations.

WHO SEES AND USES THIS INFORMATION?

Information provided will be used for the purposes described above and confidential in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Protection Act (PHIPA). If you have any further questions please contact us.

TO ONLY BE FILLED OUT BY TREATING FAMILY PHYSICIAN, REGISTERED PSYCHOLOGIST, NEUROPSYCHOLOGIST OR SPORTS MEDICINE PHYSICIAN

<p>DIAGNOSTIC STATEMENT</p> <p>I confirm that I am in the process of assessing the student's condition to verify a diagnosis.</p>	OR	<p>I confirm that the student has been diagnosed with Autism Spectrum Disorder with a degree of impairment that is:</p> <p style="text-align: center;">MILD MODERATE SEVERE</p>
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TREATMENT PLAN Please update this document if the treatment plan changes.

1. IF A DIAGNOSIS HAS BEEN CONFIRMED, PLEASE PROVIDE DATE OF FIRST DIAGNOSIS:
2. HOW LONG HAVE YOU BEEN TREATING THE STUDENT?
3. WILL YOU BE MONITORING THE STUDENT ON A REGULAR BASIS?
 YES, EVERY _____ NO, THIS STUDENT WILL BE FOLLOWED BY _____
4. IF THE STUDENT HAS BEEN PRESCRIBED MEDICATION FOR THIS CONDITION, CAN YOU SPECIFY CURRENT (IF ANY) SIDE EFFECTS THAT MAY IMPAIR THE STUDENT'S ACADEMIC PERFORMANCE?
5. DOES THE STUDENT HAVE LIMITED FUNCTIONING AT CERTAIN TIMES OF THE DAY? PLEASE CHECK ALL THAT APPLY:
 MORNING AFTERNOON NIGHT } PLEASE SPECIFY: _____
6. DOES THE STUDENT RECEIVE OTHER TREATMENTS OR THERAPIES?
7. WHICH DISABILITY-RELATED SUPPORTS DO YOU RECOMMEND?
 INDIVIDUAL COUNSELLING SOCIAL SKILLS TRAINING LEARNING STRATEGIES TIME MANAGEMENT COACH PEER MENTORING
 OTHER: _____
8. PLEASE NOTE ANY MULTIPLE DIAGNOSES OR CONCURRENT CONDITIONS :

Academic Accommodations Services

100 Marie-Curie Private, Room 408, Ottawa, ON, K1N 9N3
 Phone : 613-562-5976 | Fax : 613-562-5159 | adapt@uOttawa.ca



FUNCTIONAL LIMITATIONS THAT IMPACT THE UNIVERSITY ENVIRONMENT				
	NO IMPACT Unlikely to have an effect on ability to fulfill academic obligations.	MILD IMPACT Likely to be able to fulfill academic obligations, but performance affected to a minor degree, with mild impairment and minimal symptoms.	MODERATE IMPACT Student requires moderate supports or accommodations to succeed.	SEVERE IMPACT Significantly impaired in ability to fulfill academic obligations e.g. unable to complete some assignments, unable to write some tests/examinations.
ATTENTION AND CONCENTRATION	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
INFORMATION PROCESSING	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
ATTENDANCE	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
COMMUNICATING WITH INSTRUCTORS, TEACHING ASSISTANTS AND ACADEMIC STAFF	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
SOCIAL INTERACTIONS WITH PEERS	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
GROUP PROJECTS	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
ORAL PRESENTATIONS	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
TIME MANAGEMENT & ORGANIZATION	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
APPROPRIATE CLASSROOM PARTICIPATION	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
SENSITIVITY TO ENVIRONMENTAL CONDITIONS	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
ADAPTATION TO SCHEDULING CHANGES	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	
OTHER	NO IMPACT MILD IMPACT	MODERATE IMPACT SEVERE IMPACT	DESCRIBE THE IMPACT:	

ACADEMIC WORKLOAD					
UNDERGRADUATE: A minimum of 4 courses per semester is typically considered full-time.			GRADUATE: A minimum of 2 courses per semester is typically considered full-time.		
1. BASED ON YOUR PROFESSIONAL OPINION, DO YOU THINK THE STUDENT IS ABLE TO MAINTAIN A COURSE LOAD OF:					
5 OR MORE COURSES?	YES	NO	4 COURSES (REDUCED FULL TIME)?	YES	NO
			2-3 COURSES?	YES	NO
2. BASED ON YOUR PROFESSIONAL OPINION, DO YOU CONSIDER THE STUDENT TO BE CAPABLE OF COMPLETING UNIVERSITY COURSES WHILE FOLLOWING THE TREATMENT PLAN AND WITH ACADEMIC SUPPORTS IN PLACE?					
				YES	NO
PLEASE EXPLAIN:					

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ADDITIONAL INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY ASSIST US IN SUPPORTING THE STUDENT.

VERIFICATION OF ASSESSING PROFESSIONAL

PLEASE SPECIFY TYPE OF PRACTITIONER:

REGISTERED PSYCHOLOGIST NEUROPSYCHOLOGIST PSYCHIATRIST FAMILY PHYSICIAN OTHER

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 University to verify this information.** but will not be requested to provide further information without the consent of the student.

NAME	COLLEGE / REGISTRATION #
ADDRESS	
PHONE NUMBER	FAX NUMBER
STAMP (IF AVAILABLE):	
<hr/> SIGNATURE	
<hr/> DATE	

Note: The student is responsible for costs associated with completing this certificate.

The personal information on this form is collected under the authority of the University of Ottawa Act, S.O. 1965, C.137. At all times the personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection, please contact [the Access to Information and Privacy Office \(AIPO\)](#).