

Academic Accommodations Services

INTERIM SERVICE REQUEST

TO BE COMPLETED BY STUDENT (Please provide form to Academic Accommodations)

Purpose:

- to help initiate the intake process with Academic Accommodations
- to validate that the student was seen by a medical professional
- to confirm that the student has begun the process of being assessed for a possible disability

STUDENT NAME _____

STUDENT NUMBER _____

TO ONLY BE COMPLETED BY A REGISTERED MEDICAL PROFESSIONAL (Please return form to student)

Does the student have a family doctor?

- Yes - I have recommended that the student follow up with his or her family doctor.
- No - I have recommended that the student register with a family doctor for further assessment.

Student reports having difficulties with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Attention and concentration | <input type="checkbox"/> Emotional control | <input type="checkbox"/> Allergens |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Stress management | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Information processing | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Executive functioning | <input type="checkbox"/> Pain | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Class participation / attendance | <input type="checkbox"/> Light and sound sensitivities | <input type="checkbox"/> _____ |

Please provide any additional information that may assist us in supporting the student.

VERIFICATION OF ASSESSING MEDICAL PROFESSIONAL

Name: _____

Registration Number _____

Signature: _____

Date: _____

Address: _____

Telephone #: _____ Fax #: _____

Stamp:

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 \(AIPO\)](#).

Academic Accommodations Services

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