

Functional Assessment & Accommodation Form

Academic Accommodations Policy Statement:

Alberta University of the Arts' goal is to ensure fair and consistent treatment of all students; we are committed to providing reasonable academic accommodations to students in accordance with the Alberta Human Rights, Citizenship and Multiculturalism Act and the Canadian Charter of Rights and Freedoms.

Please note accommodations do not include, and are not limited to, the following:

- Any accommodations that would cause undue hardship to the University
- Reducing academic or non-academic performance standards of a course or program in order to accommodate a student
- Reducing minimum entrance or completion requirements of a program or degree
- Relieving the student of the responsibility to develop the essential skills and competencies expected of all students

Learning Assistance at AUArts requires documentation from a health care professional with expertise in the area of the specific disability/health condition and who has worked with the student requesting accommodations.

Health professionals eligible to complete form:

- Psychologist
- Psychiatrist
- Physician
- Medical Professional (i.e. Audiologist, Neurologist, etc.)

This form must include:

- Type of disability, illness, injury and/or medications
- Permanence and if short-term, how long accommodations should be provided
- Functional limitation created by disability, illness, injury and/or by any medications
- Recommendations for academic accommodations directly related to functional limitations indicated

If a Psychoeducational Assessment has been completed it can be submitted either along with this completed form or on its own if it fulfills the needs listed above.

Thank you for your support and time in providing this information. If you have any questions or concerns, please contact Accessibility Services at accessibility@auarts.ca.

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Student Information (Student to complete)

Student last name:	Student first or chosen name:
Student ID:	Date of birth: (DD/MM/YYYY)
I consent to the Academic Accommodations Coordinator contacting the professional or support individual(s) noted on this form.	
Signature:	Date:

Disability/Medical Information

AUArts is an artistic university and does not operate in the same format as most universities. The below should be considered when making recommendations concerning functional limitations.

- We have liberal studies courses and studio courses; studio classes require students to demonstrate their knowledge through application of techniques
- Most studio classes and many liberal studies classes have mandatory attendance
- Courses often become more difficult or challenging as the student progresses through a program

The student above has been my patient or client since: (DD/MM/YY)	
Diagnosis: (For disability funding purposes , a diagnosis is required, and the disability or medical condition must be considered permanent.)	

Disability or medical condition	Permanence (Please select one per disability or medical condition.)	Duration (If condition not permanent, please include duration of accommodations.)
	<input type="checkbox"/> Permanent – Continuous <input type="checkbox"/> Permanent – Episodic <input type="checkbox"/> Permanent – Monitored with medication <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional	From: To:
	<input type="checkbox"/> Permanent – Continuous <input type="checkbox"/> Permanent – Episodic <input type="checkbox"/> Permanent – Monitored with medication <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional	From: To:
	<input type="checkbox"/> Permanent – Continuous <input type="checkbox"/> Permanent – Episodic <input type="checkbox"/> Permanent – Monitored with medication <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional	From: To:

The personal information recorded on this form is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)*. The information will be used for the purpose(s) of providing disability-related accommodations and services and is protected by the privacy provisions of the FOIP Act. If you have any questions about the collection and use of this personal information, please contact the FOIP Coordinator at foip@auarts.ca.

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Recommended Academic Accommodations

Classroom/Studio Accommodations

- ☐ Preferential seating
- ☐ Assignment instructions provided verbally and in written form
- ☐ Notetaker / Scribe
- ☐ Audio recording of lectures
- ☐ Extensions on due dates for course assignments when appropriate and feasible with overall course objectives
- ☐ Access to a computer with/without adaptive technology for note taking, in-class assignments and home assignments
- ☐ Adjustment to class attendance expectations wherever possible and is subject to instructor's assessment
- ☐ Sign language interpreter, translator, or intervenor
- ☐ Computer Assisted Real Time Transcription Reporting (CART)
- ☐ Student Academic Aide or Assistant
- ☐ Tutor
- ☐ Learning Strategist
- ☐ Other _____

Quiz, Midterm & Exam Accommodations

- ☐ Extended time during quizzes, tests, mid-terms and exams (1.5 - 2x regular time)
- ☐ Enlarged quizzes, tests, mid-terms and exams
- ☐ Quizzes, tests, mid-terms and exams to be written in a distraction free space
- ☐ Breaks for bathroom or brief exercise (walking or stretching)
- ☐ Use of a computer with adaptive software, grammar and spell check for quizzes, tests, midterms and exams
- ☐ Earplugs, or noise canceling headphones with/without music
- ☐ Reader
- ☐ Other _____

Functional Limitation & Impact

Please rate the functional limitation associated with the student's disability or medical condition.

1 = No impact, 2 = Mild impact, 3 = Moderate impact, 4 = Severe impact, 5 = Not assessed

Skills / Abilities	1	2	3	4	5	Skills / Abilities	1	2	3	4	5
Impulsivity						Attendance					
Coping skills						Attention					
Fine motor						Writing					
Notetaking						Planning					
Self-regulation						Reading					
Time management						Gross motor					
Multiple demands in a limited time period						Listening					
Other:						Other:					

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Other Disability-Related Barriers

Please comment on the other disability-related barriers that you feel this student may encounter.	
Medication:	
Appointments:	

Certification of Regulated Health Care Professional

Name of health care professional:	Health care profession:
	<input type="checkbox"/> Audiologist <input type="checkbox"/> Physician – Family <input type="checkbox"/> Neurologist <input type="checkbox"/> Physician – Psychiatrist <input type="checkbox"/> Optometrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Rheumatologist <input type="checkbox"/> Other (please specify) _____
Registration / Certificate number:	
I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related barrier(s) indicated.	
Health care practitioner signature:	Date:

Please affix official stamp or facility name and address below

Completed forms can be mailed to Alberta University of the Arts – Accessibility Services or can be emailed to accessibility@auart.ca