

**CONFIDENTIAL**

**Access and Disability Service**

**SUPPORTING DOCUMENTATION FORM**

A student seeking support from the Access and Disability Service must provide documentation from a health professional. This documentation, and consultation with an Access and Disability Advisor, will assist us in determining the educational adjustments, services and facilities that may be appropriate. It will be stored confidentially within the service, and not released except where required by law.

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| **THIS SECTION TO BE COMPLETED BY THE STUDENT**  **Student Authority for Provision of Information**  I, (*print your full name*) …..………………………………………………………………………………… Student ID: ……………………….  give permission for the health professional to provide the information below and any attachments.  Student Signature: …………………………………………………….…………………………………….. Date: ………………………………… |

**Please see page 4 for a list of relevant medical/health professionals based on the diagnosis.**

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| **REMAINDER OF THIS FORM TO BE COMPLETED BY PROFESSIONAL ONLY**  **Medical or health professional’s details** | |
| **Student name:** | |
| **Duration of professional’s (or practice’s) clinical history with student: ………… years …………months** | |
| **Professional’s name:** | |
| **Qualifications/Title:** | |
| **AHPRA provider number:** | **Phone number:** |
| **Address/Professional stamp:** | **Professional’s signature:**  **Date: / /** |

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| **Professional documentation – to be completed by the treating professional in discussion with the patient/student.** |
| **Clinical / Provisional Diagnosis** (based on relevant diagnostic criteria)**: ……………………………………………………………….**  **If you are not the diagnosing health professional, confirm you have received written documentation with diagnosis from an appropriately qualified health professional:** Date: \_\_\_\_\_\_\_\_\_\_\_\_ Qualification: \_\_\_\_\_\_\_\_\_\_\_\_  **Condition onset: …………………………………………….**  **How long has the student been under your care for this condition: ………………………………………………………………**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** ……………………………  **Mild Moderate Severe** |
| **Clinical / Provisional Diagnosis** (based on relevant diagnostic criteria)**:**.………………….……………………………………………  **If you are not the diagnosing health professional, confirm you have received written documentation with diagnosis from an appropriately qualified health professional:** Date: \_\_\_\_\_\_\_\_\_\_\_\_ Qualification: \_\_\_\_\_\_\_\_\_\_\_\_  **Condition onset: ……………………………………………. How long has the student been under your care for this condition: ………………………………………………………………**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** ……………………………  **Mild Moderate Severe** |
| **Symptoms of condition(s):** |
| **Treatment** (including any therapy, medication, and side-effects): |
| **Educational impacts and reasonable adjustments:**What are the possible impacts for the student in the learning environment? |
| **Educational impact of condition(s)** (i.e. concentration, fatigue, memory): |
| **Reasonable adjustments:** Please tick the reasonable adjustments for consideration.  Assessment Extensions  Exam Adjustments  Attendance / Scheduling  Clinical Practice/Professional Experience Placements  Alternative Formats  Assistive Technology/Equipment /Furniture  Physical Access  Learning environment requirements  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Documentation requirements based on diagnosis:** |

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| Condition | Approved diagnosing medical/health professional |
| Medical (e.g. chronic fatigue syndrome, autoimmune disorders, diabetes) | * GP (with a clinical history with the patient) * Relevant specialist |
| Physical Impairment (e.g. spinal cord injury, amputation, paraplegia) | * Relevant specialist * GP (with a clinical history with the patient) |
| Hearing | * Registered Audiologist |
| Neurological (e.g. multiple sclerosis, Spina bifida, cerebral palsy, acquired brain injury) | * Relevant specialist * GP (with a clinical history with the patient) |
| Mental health condition (e.g. depression, anxiety, bipolar disorder, post-traumatic stress disorder) | * Psychiatrist * Registered Psychologist * GP (with a clinical history with the patient) |
| Vision | * Ophthalmologist * Relevant specialist * Specialist vision testing service (e.g. Vision Australia) |
| Temporary condition or injury (e.g. fractured limbs affecting mobility or capacity to write/type) | * Relevant specialist * GP (with a clinical history with the patient) |
| Learning disorders (e.g. dyslexia, information processing, dyscalculia, dysgraphia) | * Relevant specialist  (see [documentation guidelines](https://www.studentportal.acu.edu.au/services-support-and-resources/health/disability-support/register-for-support) for additional documentation requirements) |
| Autism spectrum disorder | * Psychiatrist * Registered Psychologist * Relevant specialist * GP (who has received medical documentation and can confirm diagnosis) |
| Attention deficit (hyperactivity) disorder (ADHD/ADD) | * Psychiatrist * Registered Psychologist * Relevant specialist * GP (who has received medical documentation and can confirm diagnosis) |