

**CONFIDENTIAL**

**Counselling & Disability Service**

**DISABILITY/HEALTH CONDITION SUPPORTING DOCUMENTATION FORM**

A student seeking support for a health condition or disability must be able to provide appropriate documentation. This documentation, in addition to an interview with a Disability Advisor, assists in understanding the impact of the student’s health condition or disability on academic performance, and in determining what facilities, services and educational adjustments may be appropriate.

Please refer to the ‘Documentation Guidelines’ for advice on the appropriate health professionals who can provide supporting documentation: <https://www.studentportal.acu.edu.au/counselling_disability>

***Please note:* This form should not be used for students with Learning Disabilities.**

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| **Student Authority for Provision of Information (to be completed by student)**  I, (*print your full name*) …..………………………………………………………………………………… Student ID: ……………………….  give permission for the Health/Mental Health Practitioner to provide the information below and any attachments.  Student Signature: …………………………………………………….…………………………………….. Date: ………………………………… |

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| **Medical or Mental Health Professional’s Details** | |
| **Duration of practitioner’s treatment of student: …… years ……months** | |
| **Practitioner Name:** | |
| **Qualifications/Title:** | |
| **AHPRA Provider Number:** | **Phone Number:** |
| **Address/Practitioners Stamp:** | **Practitioner’s Signature:**  **Date: / /** |
| **Professional Documentation – this is a formal recommendation, based on the student’s health condition or disability, to be completed by the treating practitioner in discussion with the patient/student.** | |
| **Clinical Diagnosis or Symptoms 1** (based on relevant diagnostic criteria. This will remain confidential.)**:**  **………………………………………………………………………………………………………. …………………………..**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** ……………………………  **Mild Moderate Severe**  **Treatment, including frequency of follow-up** (where relevant to education and/or placements): | |
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| **Clinical Diagnosis or Symptoms 2** (based on relevant diagnostic criteria. This will remain confidential.)  **………………………………………………………………………………………………………. …………………………..**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** ……………………………  **Mild Moderate Severe**  **Treatment, including frequency of follow-up** (where relevant to education and/or placements):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please discuss with your patient/student the ***educational impact*** of the condition(s) and its associated symptom(s). | |
| **Educational impact of condition(s)** (e.g. concentration, strength, movement, memory, fatigue, motivation, nausea, visual acuity, residual hearing): | |
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| **Please specify the *Reasonable Adjustment* based on the conditions(s)/symptom(s) needed for learning on-campus.** | |
| Assessment tasks adjustment(s):  **Extensions:** This can be determined by the student on a needs basis.  ***Supported extension of 1 to 2 weeks***  **Other adjustment:** ***please specify what is needed.*** | |
| Print/digital formatting – ***please specify the required format.*** | |
| Assistive technology/equipment – ***please specify what is needed.*** | |
| Scheduling & Attendance: ***please specify what is needed.*** | |
| Physical adjustments: ***please specify what is needed.*** | |
| Exam adjustments: ***please specify what is needed.***   1. Extra working time 2. Rest/movement breaks 3. Exams venue should be of no more than 10 students in capacity   Other: | |
| Other: | |
| Other: | |

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| **Please specify additional recommendations for Reasonable Adjustments for placement and other off-campus activities. Note these may not be able to be provided due to professional registration and placement location requirements.** |
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| Due to a history of contact, are there any potential placement or community service sites that should not be considered for the student? |
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