

Saint Ma

Section A:

Student Name:

Preferred Name:

A#:

Email Address:

(if known):

**Updated documentation required after this date*

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To what extent is the student's diagnosis based on the following sources of information?

Source	Primary Source (Check only one)	Limited Source (Check all that apply)	Not used
Student's self report			
Clinical Observation			
Standardized assessment techniques			
Information from parents, teachers, etc.			
Other (Please specify);			

Nature of Disability	Primary Diagnosis (Check only one)	Secondary Diagnosis (Check all that apply)
Acquired brain injury, concussion or head injury		
Medical (chronic or acute)		
Neurodevelopmental Disorder For example: ADHD/ASD		
Deaf/Hard of Hearing		
Blind/Low Vision		
Injury or recovery from Surgery		
Mobility or dexterity		
Mental Health		
Other (Please specify)		

Consent to disclosure of diagnosis

Disclosing a diagnosis is a choice and is not required to receive accommodations from the Fred
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IXQFWLRQDO OLPLWDWLRQV \$ GLDJQRVLV LV KHOSIXO WKRXJ
limitations and to further ensure that the most appropriate accommodations are put in place.

Please check one:

The student has not consented to the disclosure of their diagnosis to the Fred Smithers Centre

The student has consented to the disclose their diagnosis to the Fred Smithers Centre

Diagnosis:

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Section D: Regulated Health Care Professional information

Please print

Name: _____ Signature: _____

Date: _____ Email: _____

Phone: _____ License/Registration Number: _____

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Health Care Profession:

Physician – Family

Physician – Other:

Psychologist

Other: