

Student Name: _____
AU ID: _____



Accessibility Services

Verification of Accommodation (VOA) Form

To register with Accessibility Services please complete SECTION I: Self-Assessment.

SECTION II: Professional Verification must be completed by a physician or regulated Health care practitioner OR your most recent Psycho-educational assessment or Neuro-psychological report. Your attached assessment report replaces SECTION II and you do not need to complete that section.

Disability Verification forms completed for your provincial or territory funding agency can be submitted in lieu of SECTION II.

Submit the signed document(s) to the Accessibility Services department:

Email: asd@athabascau.ca

Fax: 780 421 2546

If you have questions or require assistance to complete the form, please e-mail us at asd@athabascau.ca or call 1-800-788-9041 to be transferred to LSS Accessibility Services. To learn more, please view the [Accessibility Services website](#).

The personal information that you provide on this form is being collected pursuant to section 4(c) of Alberta's Protection of Privacy Act (POPA). It will be used by Accessibility Services to assess your eligibility for academic accommodations and support services, and for the administration and implementation of any accommodations or support services identified. Information will be disclosed to funding agencies and third-party service providers as necessary and appropriate. The information will be protected in compliance with the provisions of the POPA Act.

If you have questions about the collection and use of this personal information, please contact the Office of the Chief Governance and General Counsel, [Policy Privacy and Records Management](#).

It may take up to 4 – 6 weeks to review your request once SECTION I and II are received. Accessibility Services cannot fully access your accommodation needs until both are received.

Student Name: _____
AU ID: _____



SECTION I

STUDENT INFORMATION & SELF-ASSESSMENT

Student Name (First, Middle, Last):		Athabasca University ID#
Faculty:		Major/Program:
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	
Mailing Address: (address, city/town, province, postal code/zip, country)		
Telephone number (including area code):		
Can we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:		

SELF-ASSESSMENT

Athabasca University is an online, self-paced learning environment and many of the courses have limited one-to-one interactions with professors. In general, there are no live lectures to attend and course content and material are found online.

1. Please provide a brief statement describing the nature of your permanent or temporary disability and/or medical condition.

Student Name: _____
AU ID: _____



2. Do you anticipate experiencing barriers in your learning activities? If yes, what are your concerns?

3. When learning something new, what helped you master the concept or assisted in learning the information?

4. What accommodations and services are you requesting for AU online studies?

5. If you use assistive or adaptive technologies, please list the technologies you use.

6. Please indicate your intended/registered course load (This is the # of courses NOT a reduction in course content):
 - ☐ Part-time studies (20 – 40% course load)
 - ☐ Full-time student with a reduced course load (40% course load)
 - ☐ Full-time studies (60 – 100% course load)

For information on how many courses you are required to enrol in when using the reduced course load accommodation, please refer to our [Course Management Accommodation](#) page.

7. Please indicate items or topics that you would like additional information about:
 - ☐ Disability related funding and financial support
 - ☐ Alternate format (textbook only)
 - ☐ Assistive Technology
 - ☐ Academic or Course Accommodations
 - ☐ Exam Accommodations
 - ☐ Other: _____

Student Name: _____
AU ID: _____



STUDENT DECLARATION

In registering with the Accessibility Services department as a student with a disability, I acknowledge that the above information presents an accurate reflection of my needs based upon my knowledge and experience of my disability.

I understand that I am responsible for maintaining communication with Accessibility Services regarding my needs and for participating on an ongoing basis in the accommodation process. I understand that additional supporting documentation may be required to support my request for services and/or an academic accommodation.

I understand that my request for services and/or academic accommodations will be reviewed by Accessibility Services to develop an individualized plan to support my learning activities. Consideration for accommodations includes functional abilities, symptoms, academic requirements, eligibility for funding, environment, geographic location, and other available resources. All the requested services and/or academic accommodations may not be available in each course that I enroll in.

I understand that Accessibility Services may be required to disclose information regarding my assessed academic accommodations to faculty and staff at Athabasca University to implement my accommodations.

I understand that Accessibility Services may be required to disclose information regarding functional limitations in academic to my funding agency when applying for the Canada Student Grant for Persons with Disabilities.

Student signature

Date (mm/dd/yyyy)

Student Name: _____
AU ID: _____



SECTION II: PROFESSIONAL VERIFICATION

This information is used to verify status as a person with a disability. While diagnosis is not required, verification of the functional impact on academic activities related to the disability or medical condition is required to understand the needs of the student in online learning.

If you are providing a psycho-educational or neuro-psychological assessment (less than 5 years old, SECTION II is not required).

This information is collected under the authority of section 4(c) of Alberta's Protection of Privacy Act (POPA). If you have any questions about this collection or how your information will be used, contact us at asd@athabascau.ca or call Athabasca University at 1-800-788-9041 to be directed to an Accessibility Services team member.

Student Information

Student Name (first, middle, last):

Athabasca University ID#

Physician or Regulated Health Care Practitioner Information

Name:

Position/Title:

Credentials:

Telephone (including area code):

Specialty

Please check all that apply:

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Ophthalmologist
<input type="checkbox"/> Neurologist	<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Physician–Psychiatrist
<input type="checkbox"/> Physician–Family	<input type="checkbox"/> Nurse Practitioner	
<input type="checkbox"/> Other regulated health practitioner (specify):		

Official stamp of facility name and address:

If you do not have an office stamp, please sign, and attach your letterhead to this form.

--



ACCESSIBILITY SERVICES ELIGIBILITY CRITERIA

Students with functional differences resulting from disabilities or medical conditions that are sensory, learning, physical/mobility, neurological, psychological, permanent, or chronic disabilities or medical conditions, or injuries that are temporary in nature and necessitate accommodation in the education environment are eligible for Accessibility Services accommodations and support services.

Please provide explicit statements about the student's disability-related functional limitations. Avoid such terms as "suggests" or "is indicative of". If more space is required, provide it on your official letterhead and attach it to this document.

1. Do you consider this student's disability/medical condition to be:

- ☐ Permanent - with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies and the permanent disability is expected to remain for their lifetime
- ☐ Persistent or prolonged - with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies for a minimum of 12 months.
- ☐ Temporary—if temporary, by what date would you expect sufficient recovery to eliminate the need for accommodation? _____

2. How long has this person been in your care? _____

Type of Disability (select all that apply)
<input type="checkbox"/> Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity (ADHD)
<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Chronic Medical/Systemic (please specify):
<input type="checkbox"/> Deaf/Hard of Hearing
<input type="checkbox"/> Autism
<input type="checkbox"/> Learning Disability (please include most recent assessment)
<input type="checkbox"/> Blind/Low Vision
<input type="checkbox"/> Mobility/Agility (please specify):
<input type="checkbox"/> Psychiatric (please specify DSM Diagnosis):

3. Students with a disability/medical condition whose symptoms are present beyond 12 months may use the reduced course load accommodation and be considered full time. This would require a student to register in two, 3-credit courses for a provincially funded study period of 4 months OR three, 3-credit courses for a non-funded study period of 6 months. **Would this student benefit in a reduced course load?**

- ☐ Reduced course load
- ☐ Full course load

Student Name: _____
AU ID: _____



4. Please describe the impact or functional limitations of the disability in academic functioning.

Reading:

Written expression:

Memory:

Test taking:

5. Athabasca University is an online university, and academic activities are typically asynchronous, and self paced. Are there functional limitations of the disability that present in the online environment?

6. Recommended accommodations or supports for postsecondary studies:

Based on patient's disability and the impact of that disability, are there accommodations or supports you recommend that will facilitate their participation in online postsecondary studies?

Declaration of physician or regulated health care professional:

I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related educational barrier(s) indicated. It is also my professional opinion that the accommodations requested are necessary to address the impact of the disability to ensure equitable and meaningful access to education.

Accommodations are not to provide advantage.

Signature of physician or regulated health care professional

Signature

Date (mm/dd/yyyy)