

Protected A (when completed)

Year 2022-23

Advanced Education is collecting this personal information under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) to determine and verify the Applicant's eligibility for financial assistance, to administer (including research, statistical analysis, and evaluations) and to enforce student financial assistance programs in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The use and disclosure of your personal information is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta).

For more information about:

- Alberta Student Aid: call the Alberta Student Aid Service Centre at 1-855-606-2096.
- *Freedom of Information and Protection of Privacy Act* (Alberta): email the Privacy Officer at ae.abstudentaidfoip@gov.ab.ca

Section 1: Student Information (to be completed by student)

Last Name			First Name		
<input type="text"/>			<input type="text"/>		
Date of Birth: Year	Month	Day	Social Insurance Number	Alberta Student Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 2: Verification of Disability (to be completed by the Medical Assessor)

Alberta Student Aid will use this Disability Verification Form as one of the criteria to determine a student's eligibility to receive federal or provincial disability grant funding. Please ensure that the **information thoroughly represents this student's disability(ies) and details of the functional limitations that will affect the student's ability to meet the regular and typical demands of a post-secondary environment**. Incomplete forms will result in denial and/or delays for the applicant. Where applicable, indicate if the student's disability necessitates a reduced course load (40 to 59%).

Permanent Disability*

means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary level or to participate in the labour force and that is expected to remain with the person for their lifetime.

Persistent or Prolonged Disability*

means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary level or to participate in the labour force and has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for their lifetime.

* Definitions for eligibility of federal grant funding are pending Government of Canada approval, and could change prior to the start of the academic year (August 1, 2022). Please consult <https://www.canada.ca/en/services/benefits/education/student-aid.html> for the latest information.

Please review and answer the following based on the definitions above: (if either statement is left blank, it is assumed the student does not meet either criteria)

Does the applicant have a permanent disability? Yes No

Does the applicant have a persistent or prolonged disability? Yes No

Learning Disability: The rest of this form is not required to be completed. Attach copy of eligible psycho-educational assessment:

- Assessment is less than 5 years old or was completed when applicant was 18 years or older.
- Attached assessment is complete, on official letterhead, includes the assessment date(s), assessor's name, title, professional credentials, registration number, address, phone/fax and is signed and dated.
- Assessment clearly states a diagnosis of a Learning Disability meeting the DSM.

Section 3: Nature of Disability (check and complete all that apply)
(to be completed by the Medical Assessor)

Mobility/Agility Impairment: To be completed by physician or medical specialist.

Diagnosis:

Hearing Impairment: To be completed by Audiologist or physician and include the degree of hearing loss.

- Mild Uses aided hearing
- Moderate Would benefit from amplification devices in an educational setting
- Severe
- Profound

Visual Impairment: To be completed by Optometrist or Ophthalmologist and include the degree of vision loss.

Degree of visual loss:

Brain Injury/Cognitive Impairment: Include details about the diagnosis with supporting reports – Neuro-psychological Assessment and/or Brain Injury/Cognitive Impairment Report/Assessment.

ADD/ADHD: To be completed by physician, psychologist, or psychiatrist.

Psychiatric/Psychological (include the DSM): To be completed by physician, psychologist or psychiatrist.

DSM Diagnosis

Pervasive Development Disorder (ex. Autism, Asperger's): To be completed by physician, psychologist or psychiatrist.

Diagnosis

Other/Chronic Illness: Specify. To be completed by the appropriate medical professional.

Diagnosis

Section 4: Functional Limitations (to be completed by the Medical Assessor)

Mobility and Movement Impacts: As it relates to an educational setting.

Check all that apply.

- Standing Sitting Stair Climbing Ambulation (cane, wheelchair, walker, etc.)
- Fatigue Handwriting Lifting/Carrying/Reaching Grasping/Gripping/Dexterity
- Keyboarding Other - specify: _____

Describe impact(s): Indicate limitations, frequency, and level of severity.

Cognitive and/or Behavioural Impacts: As it relates to an educational setting.

Check all that apply.

- Attention and Concentration Memory Information Processing (verbal and written)
 Stress Management Social Interactions Organization and Time Management
 Communication Other - specify: _____

Describe impact(s): Indicate limitations, frequency, and level of severity.

Medication:

Is the student taking any prescriptive medication? Yes No

If yes, indicate any side effects that may affect participation in an educational environment:

Suggested Accommodations or Supports for Post-Secondary Studies:

Based on the student's **disability related functional limitations**, which accommodations or supports do you recommend that will facilitate their participation in post-secondary studies? (check all that apply)

- Reduced Course Load (40 to 59% of a full time course load)
 Services – please specify: (ex: tutoring, note-taking, alternate formats, academic strategist, sign language interpreting)

- Equipment/Assistive Technology – please specify: (ex: computer/laptop, digital recorder, specialized software, noise canceling headphones)

Section 5: Medical Assessor Authorization (to be completed by the Medical Assessor)

Name of Qualified Medical Assessor Registration Certificate Number

Telephone Number Specialty

Name of Medical Office

Medical Office Address City or Town Province Postal Code

Date yyyy-mm-dd

Signature

Medical Office Stamp