

WESTERN SYDNEY UNIVERSITY



STUDENT SUPPORT SERVICES - DISABILITY SERVICE
LOCKED BAG 1797, PENRITH NSW 2751

VERIFICATION OF DISABILITY AND/OR HEALTH CONDITION AND IMPACT ON STUDY

The Western Sydney University Disability Service requires that all students seeking reasonable adjustments to their academic studies, including practicum/clinical/placement, provide relevant and current supporting documentation from an accredited health or educational professional.

The information provided will remain confidential and will be used by the Disability Advisor, Disability Service, to consider reasonable adjustments. For those students who have a learning disability, a separate psychometric assessment may also be required.

STUDENT DETAILS (to be completed by the student)

Full name: _____ Student ID number: _____

Contact telephone number: _____ Mobile: _____

Course name: _____

ACCREDITED HEALTH/EDUCATIONAL PROFESSIONAL

Full name: _____ Provider number: _____

Position: _____ Date of report: _____

Signature: _____

This report must be accompanied by the accredited health/educational professional provider stamp or business card including registration number and contact details.



DISABILITY/HEALTH CONDITION: DIAGNOSIS AND STATUS

Status rating: 1 = Permanent; 2 = Progressive; 3 = Fluctuating/Unstable; 4 = Episodic; 5 = Temporary

Diagnosis:	Status:

TREATMENT PLAN

Please provide details including any medications and side affects:

Not applicable

IMPACT OF DISABILITY/HEALTH CONDITION ON ACADEMIC STUDY

Physical/Movement and Mobility Not applicable

Please tick all that apply:

- | | | |
|--------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Coordination | <input type="checkbox"/> Bending restrictions |
| <input type="checkbox"/> Body/organ function | <input type="checkbox"/> Balance | <input type="checkbox"/> Pushing or pulling |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Walking | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Sitting | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Fine motor skills | <input type="checkbox"/> No lifting | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Driving restrictions | <input type="checkbox"/> Lifting restricted to: _____ Kg | <input type="checkbox"/> Hand writing |
| <input type="checkbox"/> Playing sport/dance/movement restrictions | | <input type="checkbox"/> Other _____ |

Please provide more information to describe the impact and limitations ticked:

Behaviour Not applicable

Please tick all that apply:

- | | | |
|-----------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Emotional regulation | <input type="checkbox"/> Impulse control | <input type="checkbox"/> Impaired tolerance |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Ease around others | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Other _____ | | |

Please provide more information to describe the impact and limitations ticked:

Communication

Not applicable

Please tick all that apply:

Speech

Non-verbal cues

Group interaction

Uses alternative mode of communication

Oral presentation

Other _____

Please provide more information to describe the impact and limitations ticked:

Cognition

Not applicable

Please tick all that apply:

Concentration/attention

Memory/recall

Altered perception

Problem solving

Information processing

Insight

Planning and organisation

Other _____

Please provide more information to describe the impact and limitations ticked:

Sensory

Not applicable

Please tick all that apply:

Vision

Hearing

Tactile function

Taste

Olfaction

Other _____

Please provide more information to describe the impact and limitations ticked:

Sustainable performance

Not applicable

Please tick all that apply:

- | | | |
|-------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sitting tolerance | <input type="checkbox"/> Standing tolerance | <input type="checkbox"/> Activity/walking tolerance |
| <input type="checkbox"/> Cognitive tolerance | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Attendance pattern |
| <input type="checkbox"/> Ability to meet timeframes/work under pressure | | <input type="checkbox"/> Study load |
| <input type="checkbox"/> Other _____ | | |

Please provide more information to describe the impact and limitations ticked:

Learning

Not applicable

Please tick all that apply:

- | | | |
|--------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Verbal processing |
| <input type="checkbox"/> Verbal reasoning | <input type="checkbox"/> Abstract/Conceptual reasoning | <input type="checkbox"/> Numerical reasoning |
| <input type="checkbox"/> Spatial reasoning | <input type="checkbox"/> Short term memory | <input type="checkbox"/> Working memory |
| <input type="checkbox"/> Comprehension/understanding meaning | <input type="checkbox"/> Phonological processing | <input type="checkbox"/> Other _____ |

Note: students who have a learning disability may be required to provide a separate psychometric assessment report

Please provide more information to describe the impact and limitations ticked:

IMPACT ON ACADEMIC FUNCTIONING/PARTICIPATION

Please indicate any potential impact on the student's ability to participate in the following areas of study:

- | | | |
|------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Attending scheduled classes | <input type="checkbox"/> Taking notes in class (written or typed) | <input type="checkbox"/> Practical workshops |
| <input type="checkbox"/> Oral presentations | <input type="checkbox"/> Group work | <input type="checkbox"/> Practicum/work placements |
| <input type="checkbox"/> Online lectures | <input type="checkbox"/> Field trips | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exams | <input type="checkbox"/> Study load | |

Please provide more information to describe the impact and limitations ticked:

OTHER IMPLICATIONS TO CONSIDER (IF APPLICABLE)

RECOMMENDED ADJUSTMENTS/STRATEGIES FOR CONSIDERATION

What adjustments/strategies would you recommend to assist the Disability Advisor identify what are appropriate and reasonable adjustments at university?

MEDICAL EMERGENCY

Could the student's condition described above, result in a medical emergency requiring hospital treatment?

- No
- Yes (complete 'Emergency Response Plan' located at westernsydney.edu.au/emergencyresponseform)

IMPACT OF DISABILITY/HEALTH CONDITION ON PRACTICUM/CLINICAL/PLACEMENT

Following discussion with the student about the type of practicum/clinical/placement, please advise of any limitations or adjustments that should be considered to facilitate the student participating in their practicum/work placement.

Is there any placement setting to which the student should not be exposed due to their disability/health condition?

Based on the student's disability and/or health condition(s) are the following adjustments required:

Location of placement Not applicable

- within _____ Km distance from residential address
- within _____ minutes from residential address by car
- within _____ minutes from residential address by public transport

If applicable, please provide more information to describe the impact and limitations ticked:

Attendance and hours Not applicable

- Full time Part time _____
- (Specify maximum number of days/weeks able to be worked and whether these days can be worked consecutively)

Shift restrictions

- Maximum of _____ hours able to be worked Student may require regular, short breaks

If applicable, please provide more information to describe the impact and limitations ticked:

Work station set up Not applicable

- | | | |
|--------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Sloping desk | <input type="checkbox"/> Height adjustable desk | <input type="checkbox"/> Back supports required |
| <input type="checkbox"/> Work station close to toilet | <input type="checkbox"/> Work station away from natural light | <input type="checkbox"/> Work station with plenty of natural light |
| <input type="checkbox"/> Ergonomic chair with armrests | <input type="checkbox"/> Ergonomic chair without armrests | <input type="checkbox"/> Footrest |
| <input type="checkbox"/> Ergonomic mouse | <input type="checkbox"/> Gel mouse wrist rest | <input type="checkbox"/> Adapted mouse |
| <input type="checkbox"/> Gel keyboard wrist rest | <input type="checkbox"/> Desk lighting | <input type="checkbox"/> Telephone headset |
| <input type="checkbox"/> Adapted keyboard | <input type="checkbox"/> Other _____ | |

If applicable, please provide more information to describe the impact and limitations ticked:
