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)

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Student ID number:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Contact telephone number:</th>
<th>Mobile:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Course name:</th>
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</table>

**ACCREDITED HEALTH/EDUCATIONAL PROFESSIONAL**

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Provider number:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Position:</th>
<th>Date of report:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature:</th>
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</table>

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

<table>
<thead>
<tr>
<th>Accredited health/educational professional provider stamp or business card</th>
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</thead>
<tbody>
<tr>
<td>MUST BE AFFIXED HERE</td>
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</tbody>
</table>

**DISABILITY/HEALTH CONDITION: DIAGNOSIS AND STATUS**

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

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Status:</th>
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</table>
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:

☐ Seizures  ☐ Coordination  ☐ Bending restrictions
☐ Body/organ function  ☐ Balance  ☐ Pushing or pulling
☐ Pain  ☐ Walking  ☐ Strength
☐ Gross motor skills  ☐ Sitting  ☐ Allergies
☐ Fine motor skills  ☐ No lifting  ☐ Typing
☐ Driving restrictions  ☐ Lifting restricted to: ___ Kg  ☐ Hand writing
☐ Playing sport/dance/movement restrictions  ☐ Other

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

Behaviour  ☐ Not applicable

Please tick all that apply:

☐ Emotional regulation  ☐ Impulse control  ☐ Impaired tolerance
☐ Compulsions  ☐ Ease around others  ☐ Panic attacks
☐ 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

Please tick all that apply:
- Sitting tolerance
- Standing tolerance
- Activity/walking tolerance
- Cognitive tolerance
- Fatigue
- Attendance pattern
- Ability to meet timeframes/work under pressure
- Study load
- Other

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

__________________________________________________________________________

Learning

Please tick all that apply:
- Reading
- Writing
- Verbal processing
- Verbal reasoning
- Abstract/Conceptual reasoning
- Numerical reasoning
- Spatial reasoning
- Short term memory
- Working memory
- Comprehension/understanding meaning
- Phonological processing
- 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:
- Attending scheduled classes
- Taking notes in class (written or typed)
- Practical workshops
- Oral presentations
- Group work
- Practicum/work placements
- Online lectures
- Field trips
- Other
- Exams
- 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:

<table>
<thead>
<tr>
<th>Attendance and hours</th>
<th>☐ Not applicable</th>
<th>☐ Full time</th>
<th>☐ Part time</th>
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(Specify maximum number of days/weeks able to be worked and whether these days can be worked consecutively)

☐ 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:

<table>
<thead>
<tr>
<th>Work station set up</th>
<th>☐ Not applicable</th>
<th>☐ Sloping desk</th>
<th>☐ Height adjustable desk</th>
<th>☐ Back supports required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Work station close to toilet</td>
<td>☐ Work station away from natural light</td>
<td>☐ Work station with plenty of natural light</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Ergonomic chair with armrests</td>
<td>☐ Ergonomic chair without armrests</td>
<td>☐ Footrest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Ergonomic mouse</td>
<td>☐ Gel mouse wrist rest</td>
<td>☐ Adapted mouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Gel keyboard wrist rest</td>
<td>☐ Desk lighting</td>
<td>☐ Telephone headset</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Adapted keyboard</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

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