WESTERN SYDNEY
UNIVERSITY

Email: disability@westernsydney.edu.au

IMPACT OF DISABILITY AND/OR HEALTH CONDITION 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.

Please give as much detail as you can, based on your clinical perspective, to assist in identification of relevant support.

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 Number: _____ Mobile: _____

Course Name: _____

ACCREDITED HEALTH/EDUCATIONAL PROFESSIONAL (Form to be completed by treating 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.

Accredited health/educational professional provider stamp or business card

MUST BE AFFIXED HERE

DISABILITY/HEALTH CONDITION: DIAGNOSIS AND STATUS

Is the diagnosis: 1 = Permanent; 2 = Progressive; 3 = Fluctuating/Unstable; 4 = Episodic; 5 = Temporary

Diagnosis	Status

TREATMENT PLAN

Please provide details including any medications and side effects:

☐ Not applicable

IMPACT OF DISABILTY/HEALTH CONDITION ON ACADEMIC STUDY

Physical/Movement and Mobility ☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

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

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

Behaviour ☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

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

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

Communication

☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

- ☐ Speech
- ☐ Uses alternative mode of communication
- ☐ Non-verbal cues
- ☐ Oral presentation
- ☐ Group interaction
- ☐ Other _____

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

Cognition

☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

- ☐ Concentration/attention
- ☐ Problem solving
- ☐ Planning and organisation
- ☐ Memory/recall
- ☐ Information processing
- ☐ Other _____
- ☐ Altered perception
- ☐ Insight

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

Sensory

☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

- ☐ Vision
- ☐ Taste
- ☐ Hearing
- ☐ Olfaction
- ☐ Tactile function
- ☐ Other _____

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

Sustainable performance

☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

- ☐ 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

☐ Not applicable

Please tick all that apply and complete the information section, detailing severity of these symptoms:

- ☐ 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
- ☐ Gross motor skills
- ☐ Field trip
- ☐ Other _____

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?

PRACTICUM/CLINICAL/PLACEMENT REQUIREMENTS related to the student's course requirements

This section should only be completed for those degrees where the student is required to do placement, usually off campus, that is mandatory to their studies eg hospital, school, community agency etc.
This section is not for paid work.

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/clinical/placement.

In your professional opinion, 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:

Please note that there are some restrictions of where placements are available. When considering any travel restrictions, the geographic location of where placements are required and provided by the university would need to be taken into account.

Location of placement ☐ Not applicable

☐ Within _____ minutes from residential address by car

☐ Within _____ minutes from residential address by public transport

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

Attendance and hours

☐ Not applicable

Please take into consideration that there may be some limitations of what hours need to be worked due to the educational requirements of the particular placement.

☐ Full time ☐ Part time _____

(Specify maximum number of days/weeks able to work and whether these days can be worked consecutively)

Shift restrictions

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

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

Work station set up. This is predominately when an office-based setting is required while on placement.

☐ Not applicable

Please tick all that apply:

☐ Sloping desk	☐ Height adjustable desk	☐ Back supports required
☐ Work station close to toilets	☐ Work station away from natural light	☐ Work station with plenty of natural light
☐ Ergonomic chair with armrest	☐ Ergonomic chair without armrest	☐ Footrest
☐ Ergonomic mouse	☐ Gel mouse wrist rest	☐ Adapted mouse
☐ Gel keyboard wrist rest	☐ Desk lighting	☐ Telephone headset
☐ Adapted keyboard	☐ Other _____	

Note that some of these will be considered personal items which the student will be required to provide.