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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.



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 DISABILITY/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:

- | | | |
|--|--|---|
| <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 and complete the information section, detailing severity of these symptoms:

- | | | |
|---|---|---|
| <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 and complete the information section, detailing severity of these symptoms:

☐

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 and complete the information section, detailing severity of these symptoms:

☐

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 and complete the information section, detailing severity of these symptoms:

☐

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 and complete the information section, detailing severity of these symptoms:

- | | | |
|---|---|---|
| <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 and complete the information section, detailing severity of these symptoms:

- | | | |
|--|--|--|
| <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"/> Gross motor skills | <input type="checkbox"/> Field trip | <input type="checkbox"/> 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sloping desk | <input type="checkbox"/> Height adjustable desk | <input type="checkbox"/> Back supports required |
| <input type="checkbox"/> Work station close to toilets | <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 armrest | <input type="checkbox"/> Ergonomic chair without armrest | <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 _____ | |

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