Okanagan College

Disability Verification Form (OCDV)

This applicant is requesting disability-related supports and accommodations while studying at Okanagan College. Information on this form will be used to support the student le TJ 0.005 Tc -0.001 Tw T* [(ps)6 (y)8 (

Type of Disability

Select all that apply

‘ Attention Deficit Hyperactivity Disorder (ADHD)

DSM Diagnosis

‘ Cognitive Impairment (e.g., acquired brain injury, intellectual disability)

DSM Diagnosis

‘ Autism Spectrum

DSM Diagnosis

‘ Hearing (MUST provide a copy of most recent audiology report). Please indicate level of hearing loss in each ear:

	None	Mild	Moderate	Severe	Profound
Left					
Right					

- ‘ Uses aided hearing
- ‘ Would benefit from amplification devices in an educational/vocational setting
- ‘ Even with aided hearing, the hearing loss interferes with learning, working, and/or activities of daily living

‘ Mobility/Agility Impairment

‘

Severity and Prognosis

Explain the severity and prognosis of each medical diagnosis

Severity:
Prognosis:

Medications

Is the student taking any prescription medication?

Please describe any side effects that may affect participation in an educational environment
Do symptoms/limitations persist even with medications? If you, please describe.

Suggested Supports

‘ This person would benefit from supports in order to fully participate in post secondary studies. Please specify:

‘ This person would benefit from assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software, etc. in order to fully participate in post secondary studies. Please specify:

Medical Assessor Information

Full Name	*Telephone*	*Fax*

Specialization (Please indicate all that apply)

- ‘ Audiologist
- ‘ Neurologist
- ‘ Ophthalmologist
- ‘ Family Physician
- ‘ Psychiatrist
- ‘ Registered Psychologist
- ‘ Other (please specify)

Address	*City/Town*	*Province*	*Postal Code*

Signature *Date (MM/DD/YYYY)*	*Official Stamp of Facility*
Registration Certificate or License Number	