



Ministry of Advanced Education Student Services Branch

Verification of Permanent Disability Form

To contact the Student Services Branch: PO Box 9173 Stn Prov Govt, Victoria BC V8W 9H7, (250) 387-6100 (Victoria), 1-800-561-1818 (Toll Free in BC), (604) 660-2610 (Lower Mainland), 250) 952-6832 (TTY Line). Internet address: <http://www.bcsap.bc.ca>

MINISTRY USE ONLY

This form is to be completed by a Physician or Medical Specialist

Important Information for Physician or Medical Specialist-

This Verification of Permanent Disability form will be used as one of the criteria to determine this student's eligibility to receive Federal and or Provincial grant funding. Please ensure diagnosis represents this student's permanent disability and lists educational barriers.

Section A – Personal Information

Print First and Last Name of the student being diagnosed

Grid for printing name

Section B - Physical Disability (To be completed by a Physician)

Primary Diagnosis:

- Arthritis, Spinal Cord Injury, Back Injury - Specify, Other Disability - Specify, Spina Bifida, Multiple Sclerosis, Amputee

Section C - Visual Impairment (To be completed by an Ophthalmologist, Optometrist or Orthoptist)

I certify this client to be visually impaired according to the following criteria. (Indicate appropriate description):

- A visual acuity of 6/21 (20/70), or less in the better eye after correction; A visual field of 20 degrees or less; Any progressive eye disease with a prognosis of becoming one of the above, in the next two years; An uncorrectable visual problem, or reduced visual stamina such that the applicant functions throughout the day as if his/her visual acuity is limited to 6/21 or less.

Diagnosis

Section D – Hearing Impairment (To be completed by a Certified Audiologist)

Level of hearing loss in the better ear. (Indicate appropriate description[s]).

- Mild, Moderate, Uses aided hearing, Hearing loss interferes with client's learning, Would benefit from amplification devices in an educational/vocational setting, Severe, Profound, Congenital

Recommend device (Attach an Audiogram)

Section E - Neurological Disability (To be completed by a Neurologist, Neuropsychologist, Psychiatrist or Physician)

Primary Diagnosis:

- Brain Tumor, Head Injury, Other Neurological Disorder-Specify, Multiple Sclerosis, Cerebral Palsy, Epilepsy, Stroke, ADD/ADHD

Medication and side effects

