



## **Verification of Permanent Disability Form**

For the Canada Access Grant for Students with Permanent Disabilities and the Canada Study Grant for the Accommodation of Students with Permanent Disabilities

(version française disponible sur demand)

Form must be completed and signed in INK.

Ensure all required signatures and supporting documents are attached.

## **DEFINITION**

In order to qualify for the Canada Access Grant for Students with Permanent Disabilities and the Canada Study Grant for the Accommodation of Students with Permanent Disabilities, a student must meet the definition of permanent disability as defined in the Canada Student Loan Regulations and the Canada Student Financial Assistance Regulations, as outlined below:

**Permanent Disability** means a functional limitation caused by a physical, or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary school level or the labour market and is expected to remain with the person for the person's expected life.

Qualifying students should not be denied a Canada Study Grant for Student's with Permanent Disabilities if it is shown that the lack of the requested equipment and/or services would create a barrier to the student completing his/her program of studies. **Barrier** may be interpreted as: "anything that prevents a person with a disability from fully participating in post-secondary education because of his/her disability, including a physical barrier, an information or communications barrier, a technological barrier, a policy or a practice; (obstacle)".

## TO THE STUDENT

You must sign the Student Consent Section, and have the Verification of Permanent Disability Form completed by the appropriate qualified medical assessor and/or educational assessor. For example, if you are visually impaired, your form should be completed by an Ophthalmologist or Optometrist. If you have a learning disability, a Registered Psychologist or a Guidance Counsellor must complete this form and attach a Psycho-Educational Learning Disability Assessment or a Comprehensive Educational Assessment.

## **DISCLOSURE OF PERSONAL INFORMATION**

#### **Consent for the Collection and Disclosure of Personal Information**

Your personal information is protected by the *Access to Information and Protection of Privacy Act* of Newfoundland and Labrador.

I understand that, to determine and verify my eligibility for student financial assistance and related programs, to administer and enforce the Canada-Newfoundland and Labrador Integrated Student Loans Program, Student Financial Services may need to obtain my personal information. I consent to Student Financial Services collecting my personal information from the qualified medical assessor and/or educational assessor who completes the Verification of Permanent Disability Form, and to Student Financial Services providing such information as may be necessary to obtain the information Student Financial Services requires or as may be necessary to administer and enforce the Integrated Student Loans Program to these persons and entities. I also consent to these persons and entities disclosing my personal information to Student Financial Services for these purposes.

Name of Applicant (Print Full Name)	Signature of Applicant
Social Insurance Number	Date (yy/mm/dd)

## **MEDICAL ASSESSOR OR EDUCATIONAL ASSESSOR**

#### To the Medical/Educational Assessor

Student Financial Services will use this Verification of Permanent Disability Form as one of the criteria to determine this student's eligibility to receive Federal Grant funding. Please ensure that the diagnosis represents this student's permanent disability and lists the disability-related educational barrier(s). Indicate how the recommended supports will overcome the disability-related educational barrier(s). Where applicable, indicate if the student's disability necessitates a reduced course load (below 60% of a full course load), even with the recommended supports.

## **SECTION A**

L	Nature of Disability: (please check appropriate disability)
	Physical Disability (Sections B, C and E to be completed by a Physician) (examples: Spinal Cord Injury, Spina Bifida, Arthritis, Multiple Sclerosis)
	Visual Impairment (Sections B, C and E to be completed by an Ophthalmologist or Optometrist)  I certify this client to be visually impaired according to the following criteria:  a distance 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.
	Hearing Impairment (Sections B, C and E to be competed by a certified Audiologist)  Level of hearing loss in the better ear:  mild moderate severe profound hearing loss interferes with student's learning uses aided hearing device would benefit from amplification devices in educational setting
	<b>Neurological Disability</b> (Sections B, C and E to be completed by Neurologist, Neuropsychologist, Psychiatrist or Physician) (examples: Cerebal Palsy, Epilepsy, Multiple Sclerosis, Brain Tumor, Head Injury, Stroke, ADD/ADHD)
	Psychiatric Disability (Sections B, C and E to be completed by a Clinical Psychologist, Psychiatrist or Physician)
	<b>Learning Disability</b> (Sections B, C, D and E to be completed by a Registered Psychologist or a Guidance Counsellor)

SECTION	ON B		
Primary	Diagnosis (Modication and	Side Effects where applicable	lo)
Filliary	Diagnosis (Medication and	Side Effects where applicable	
SECTION	ON C		
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# SECTION D

Province

Signature

## Learning Disability Assessment Information

Important Note: Students with Learning Disabilities must also submit a current (within the last 5 years) Psycho-Educational Learning Disability Assessment or a Comprehensive Educational Assessment. The assessment report must be completed by a registered psychologist or a guidance counselor.
Qualifications of Assessor:  I am a registered Psychologist with expertise in diagnosing Learning Disabilities.
Registration Certificate
I am a school Guidance Counsellor with a graduate degree in Educational Psychology, and I have completed coursework in Assessment of Intelligence and Learning Skills.
Degree and date conferred
The Learning Disability Assessment is attached and:  was completed in the last 5 years  is complete, includes the assessment date, the assessor's name, title, address, phone/fax number and is signed and dated.
<ul> <li>Learning Disability Diagnosis:</li> <li>□ The learning disability report clearly states a diagnosis of a learning disability meeting Diagnostic and Statistical Manual (DSM-IV) diagnostic criteria which describes the level of severity and the manner in which the disability significantly interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.</li> <li>□ The report contains recommendations for specific reasonable accommodations that are needed to address the current and substantial impact of the disability on academic functioning. Recommendations are supported by test scores and are included in the report.</li> </ul>
SECTION E
Certification of Medical/Educational Assessor
I certify that the information provided on this form is accurate and the student listed above experiences the disability related education barriers indicated.
Please Print
Name
Ma War Adda a a
Mailing Address City/Town

Telephone

Date (yy/mm/dd)

Postal Code