

Permanent Disability Programs Application

- Canada Student Grant for Persons with Permanent Disabilities (CSGP-PD)
- Supplemental Bursary for Students with Disabilities (SBSD)
- British Columbia Access Grant (BCAG)
- Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSGP-SEPD) – includes Learning Disability Assessment Reimbursement
- Assistance Program for Students with Permanent Disabilities (APSD) (if your CSGP-SEPD funding is exhausted)

AM I ELIGIBLE?

APPLICANTS MUST:

- Have a permanent disability;
“Permanent disability” for the purposes of student financial aid, 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 fully in studies at a post-secondary level or in the labour force and is expected to remain with the person for the person’s expected natural life.”
 - **Note:** Not all medical conditions are considered permanent disabilities for the purpose of StudentAid BC permanent disability program funding.
 - Demonstrate at least one dollar of financial need through the StudentAid BC application for full-time or part-time studies;
 - Not be in default of a Canada student loan to be eligible for CSGP-PD or CSGP-SEPD;
 - Not be in default of a BC student loan to be eligible for the SBSB, BCAG or APSD (if your CSGP-SEPD funding is exhausted);
 - Not be ineligible for a Canada or BC student loan due to previous declaration of bankruptcy (see bankruptcy question in the StudentAid BC application instructions);
 - Not have outstanding receipts or any unaccounted CSGP-SEPD or APSD funds; and
 - Be enrolled in a post-secondary level program/course at a designated post-secondary institution as a full-time or part-time student.
- » This application allows you to apply for any one or more of the Permanent Disability Programs outlined below.
- » For more information on Permanent Disability Programs or designated schools, visit www.studentaidbc.ca

WHAT AM I ELIGIBLE FOR?

1. Grants and Bursaries

This application allows you to apply for the following programs. Once approved, you are automatically approved for successive years (financial need must be demonstrated each year). See page 2 for documentation requirements.

- **Canada Student Grant for Persons with Permanent Disabilities (CSGP-PD)** – non-repayable grant of \$2,000 per program year for full-time or part-time study.
- **Supplemental Bursary for Students with Disabilities (SBSD)** – non-repayable grant of \$800 per program year for full-time (40% course load or greater) or \$400 for part-time (20 to 39% course load) study.
- **British Columbia Access Grant (BCAG)** – non-repayable grant of up to \$1,000 to reduce BC student loan debt for full-time students.

2. Services and Equipment

This application allows you to apply for the following programs. See page 2 for documentation requirements.

- **Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSGP-SEPD)** – non-repayable grant of up to \$8,000 per program year for the purchase of educational related specialized services and/or adaptive equipment.

If you have exhausted your CSGP-SEPD funding for the year, you may be eligible for the following program:

- **Assistance Program for Students with Permanent Disabilities (APSD)** – non-repayable grant of up to \$10,000 (\$12,000 if attendant care is required at school) per program year for purchase of educational related specialized services and/or adaptive equipment.

Note: If you are enrolled in a **non-post secondary level** program/course (i.e. academic upgrading, ESL, adult special education) at a BC designated post-secondary institution, do not complete this form for APSD funding. Please contact the Disability Coordinator at your school for additional information on the APSD form applicable to you.

3. Learning Disability Assessment Reimbursement (CSGP-SEPD)

This application allows you to apply for reimbursement of up to 75% of the cost of one psycho-educational assessment for a learning disability (Maximum of \$1,200). See page 2 for documentation requirements.

The assessment must clearly indicate that a learning disability has been identified as set out in Section 4 of this application.

HOW DO I DOCUMENT MY DISABILITY? Verification of Permanent Disability (Section 4)

In order to be eligible for these Permanent Disability Programs, you must document your permanent disability status. Section 4 of this application must be completed by a qualified medical assessor in Canada.

Your physician or other qualified medical assessor must clearly indicate how your disability impacts you on a daily basis in an educational setting.

Fees that you may be charged to have this section completed are your responsibility and will not be reimbursed by the Ministry of Advanced Education and Labour Market Development.

IF YOU HAVE PREVIOUSLY HAD YOUR PERMANENT DISABILITY STATUS APPROVED BY STUDENTAID BC, YOU DO NOT NEED TO HAVE THIS SECTION COMPLETED.

HOW DO I APPLY

SECTION 1 – All students must complete.

SECTION 2 – All students must read and sign the declaration.

SECTION 3 – Must be completed by the Disability Coordinator or designated school official.

SECTION 4 – Verification of Permanent Disability. Have this section completed by a qualified medical assessor in Canada.

**CONTACT YOUR DISABILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL
FOR ASSISTANCE IN COMPLETING THIS APPLICATION**

PROGRAM	REQUIRED DOCUMENTATION
CSGP-PD SBSD BCAG CSGP-SEPD	<ul style="list-style-type: none"> • Verification of Permanent Disability section or equivalent medical documentation <ul style="list-style-type: none"> – Completed by a qualified medical assessor (i.e. physician, psychologist, etc.) in Canada – Current within 5 years – Must indicate the daily impact on your ability to participate fully in your studies • Learning Disability documentation <ul style="list-style-type: none"> – a copy of a current psycho-educational assessment – psycho-educational assessment must be less than five years old <p>Note: Medical documentation is usually only required once to establish your permanent disability status. However, StudentAid BC reserves the right to request additional documentation at any time it is deemed necessary to confirm or re-establish disability status.</p>
CSGP-SEPD (in addition to the above documentation)	<ul style="list-style-type: none"> • A copy of your registration form for your current course(s) applicable to the permanent disability program funding you are requesting. • Two estimates, from different service providers listing all their contact information, their qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, their hourly rate and how often per day/week.
Learning Disability Assessment Reimbursement (CSGP-SEPD)	<ul style="list-style-type: none"> • An original receipt confirming payment. An invoice is not acceptable. • A copy of your current psycho-educational assessment must be attached. • Psycho-educational assessment must be less than six months old.

CONTACT INFORMATION

Mailing Address:

**Ministry of Advanced Education
and Labour Market Development**
StudentAid BC – Directed Programs Unit
PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Courier Address:

**Ministry of Advanced Education
and Labour Market Development**
StudentAid BC – Directed Programs Unit
1106 Cook Street
Victoria BC V8V 3Z9

Phone: 250 387-6100 (in Victoria), 604 660-2610 (in the BC Lower Mainland), 1-800-561-1818 (toll-free in Canada/U.S.)

If you are applying for: Equipment only through the CSGP-SEPD, contact:

Assistive Technology – British Columbia
108 - 1750 West 75th Avenue
Vancouver BC V6P 6G2
Phone: 604 264-8295
Fax: 604 263-2267



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SECTION 1: ALL STUDENTS MUST COMPLETE THIS SECTION

<p>Student Last Name <input type="text"/></p> <p>Student First Name Initial <input type="text"/> <input type="text"/></p> <p>Mailing Address All mail will be sent to this address <input type="text"/></p> <p>Apt/box/suite number <input type="text"/></p> <p>City/Town Province/State <input type="text"/> <input type="text"/></p> <p>Postal Code/Zip Code Area Code Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Date Classes Start Date Classes End Year Month Day Year Month Day <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/></p>	<p>Social Insurance Number <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Application Number <input type="text"/> - <input type="text"/></p> <p>Student Number <input type="text"/></p> <p>Personal Education Number <input type="text"/></p> <p>Date of Birth Year Month Day <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Citizenship Status (Mark one box only) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Protected Person <input type="checkbox"/> Landed Immigrant/ Permanent Resident</p> <p>Name of School <input type="text"/></p> <p>Campus <input type="text"/></p>
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Do you have a claim with either of the following?..... Yes No

Automobile Insurance Claim (bodily injury claims only)

WorkSafe BC

Describe the status of your claim:
 Active – attach a letter stating why the agency above is not providing you with the requested services/equipment.

Contact Name of claim advisor Contact Number

Inactive – Closing Date In Appeals – as of
Year Month Day Year Month Day
 - -
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REQUIREMENTS

YOUR COMPLETE AND CORRECT APPLICATION MUST BE RECEIVED BY STUDENTAID BC AT LEAST 6 WEEKS BEFORE THE DATE CLASSES END. NO FAXES OR COPIES ARE ACCEPTED. ORIGINAL SIGNATURES ARE REQUIRED.

MINISTRY USE ONLY

SECTION 2: DECLARATION — IMPORTANT DOCUMENT; YOU MUST READ, SIGN AND DATE

I am applying for assistance under any one or more of the Permanent Disability Programs outlined in this application for which I am eligible on the terms and conditions of StudentAid BC.

I. I understand that:

- 1) It is against the law to make false or misleading statements on this application and any of the documents forming part of it;
- 2) It is my responsibility to make sure that the information on this application and all the documents related to it is accurate;
- 3) All information is subject to audit and verification;
- 4) If I do not provide complete, accurate information, or if I obtain or attempt to access financial assistance by fraudulent means, I may not receive assistance under any of the Permanent Disability Programs outlined in this application now or in the future;
- 5) If I receive funding and it is then discovered that my application or documents forming part of it are not accurate, I may be required to immediately repay all or part of the funds that I have received (plus interest). I may be required to do this if the mistake was made by me, my spouse or common-law partner, my school, StudentAid BC, or the federal government. I may also be required to repay any overpayment with interest due to a change in my academic status (e.g. course load, study period) or financial status (part-time earnings, cash gifts, etc.);
- 6) If I receive funding under any of the Permanent Disability Programs, the funding received may be taxable income; and
- 7) If I receive money for the purchase of educational related specialized services and/or adaptive equipment under the CSGP-SEPD or APSD programs, I will provide to the school or StudentAid BC, by the end of my study period, receipts showing that the funds were spent for their intended purpose and return any unused funds.

II. I understand that by signing below it means:

- 1) I have read the StudentAid BC Guide posted on the StudentAid BC website (www.studentaidbc.ca) at the time of my signing this Declaration;
- 2) I have answered all questions on the application that pertain to me;
- 3) I certify that all the information is complete and accurate;
- 4) If I am applying for APSD (i.e. if my CSGP-SEPD funding is exhausted), I am a registered student at a designated public or private post-secondary institution (my school) within the Province of British Columbia;
- 5) If I am applying for CSGP-PD, SBSB, BCAG or CSGP-SEPD, I am a registered student and will be attending a designated public or private post-secondary institution ("my school") eligible for Canada student loan assistance;
- 6) I need financial assistance to access my education;
- 7) I am in good standing regarding any previous and/or current Canada or British Columbia student loans;
- 8) I will immediately notify my school, in writing, of any changes in my address, academic status (e.g. course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status or in the financial status of my spouse or common-law partner;
- 9) I give my school permission to disclose personal information (as appropriate) to the Ministry of Advanced Education and Labour Market Development or Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements, and financial status for the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, determining whether I will be required to repay any grant I may receive and Permanent Disability Program evaluation;
- 10) I give permission to my physician or medical professional to disclose information (as appropriate) directly related to my disability to the Ministry of Advanced Education and Labour Market Development, Assistive Technology British Columbia or my school for the purposes of verifying or investigating information pertaining to this application, and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, and determining whether I will be required to repay any grant I may receive; and
- 11) For the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, determining whether I will be required to repay any grant I may receive, and Permanent Disability Program evaluation, I consent to the following:
 - a) the exchange of information about me between the Ministry of Advanced Education and Labour Market Development (or a person designated by the Ministry) and the following entities: financial institutions, financial aid offices, educational institutions, credit reporting agencies, native bands, Crown corporations, federal, provincial, municipal ministries/departments/agencies, including but not limited to: my school, the BC Ministry of Housing and Social Development, the BC Ministry of Health Services (or a person designated by that Ministry), Assistive Technology British Columbia, the Office of the Superintendent of Motor Vehicles, BC Assessment Authority, Insurance Corporation of BC, BC Corporate and Personal Property Registry, Land Title and Survey Authority of BC, WorkSafe BC, Superintendent of Bankruptcy, the BC Ministry of Finance or its agent, BC Vital Statistics Agency, the BC Ministry of Children and Family Development, the BC Ministry of Attorney General, the BC Ministry of Education, BC Student Loan Service Bureau, Human Resources and Skills Development Canada, Citizenship and Immigration Canada, National Student Loan Service Centre, Canada Millennium Scholarship Foundation, and Canada Revenue Agency; and
 - b) use of the information about me collected by the Ministry of Advanced Education and Labour Market Development (or its agent) from me or the specified agencies under the StudentAid BC application(s) for full-time or part-time studies submitted by me (as applicable) for the purpose of demonstrating financial need under the Permanent Disability Programs outlined in this application.

III. Authorization

- 1) If I am awarded a Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities and/or a grant under the Assistance Program for Students with Permanent Disabilities, I authorize the institution I am attending or Assistive Technology British Columbia to cash the grant cheque(s) on my behalf and apply the funds to retain a service worker (interpreter, tutor, notetaker etc) and/or buy equipment and/or software on my behalf.

Signature of Applicant (Must be signed in Ink)	Print Name	Date Signed Year Month Day <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>
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Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C 1994, Chapter C-28 and StudentAid BC. The information provided will be used for the purpose of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, determining whether I will be required to repay any grant I may receive and Permanent Disability Program evaluation. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education and Labour Market Development, PO Box 9173, Stn Prov Govt, Victoria BC V8W 9H7, call 250-387-6100, 604-660-2610 (in the BC Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.).

**SECTION 3: CSGP-SEPD AND APSD (IF YOUR CSGP-SEPD FUNDING IS EXHAUSTED) – SERVICES AND EQUIPMENT
MUST BE COMPLETED BY DISABILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL WHO HAS SIGNING AUTHORITY**

EQUIPMENT:

Submit this application for adaptive technology assessment and resourcing to Assistive Technology British Columbia (address on page 2). **StudentAid BC reserves the right, through our designated agent, to determine appropriate equipment to mitigate disability-related barriers that restrict the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level.**

Is the student currently in possession of the equipment and/or software being requested?

Yes No **If yes, attach rationale for request of duplicate equipment and/or software**

Please attach recommendations and/or rationale for specific equipment and/or software or specify in the space provided below.

SERVICES:

SCHOOL SUPPORT	CANADA STUDENT GRANT	CHECK ALL SERVICES REQUIRED AND SUPPORTED
<input type="checkbox"/>	<input type="checkbox"/>	Notetaker/scribe.
<input type="checkbox"/>	<input type="checkbox"/>	Reader (if not available through school).
<input type="checkbox"/>	<input type="checkbox"/>	Tutor (specialized tutor for disability-related educational access barriers only).
<input type="checkbox"/>	<input type="checkbox"/>	Interpreter/captioning (only if not available through school).
<input type="checkbox"/>		Taped lectures.
<input type="checkbox"/>		Accommodated exams.
<input type="checkbox"/>		Access to computer resources or adapted or alternate workstation or classroom.
	<input type="checkbox"/>	Attendant care (while at school only).
	<input type="checkbox"/>	Specialized transportation to/from school only (must be ministry approved).
<input type="checkbox"/>	<input type="checkbox"/>	Alternate formats – i.e., large or Braille print, taped lectures (only if not available through school).
<input type="checkbox"/>	<input type="checkbox"/>	Other – i.e. Academic strategist/coach.

Public Post-Secondary Institutions: The Disability Coordinator must submit a detailed Service Request to StudentAid BC by e-mail. Retain all documentation at school.

Private and Out-of-Province Post-Secondary Institutions: Two estimates from different service providers must be attached. The estimates must provide contact information, qualifications for services offered, an explanation of the services they will provide (i.e. number of hours per week, etc.) and their hourly rate. The estimate must provide specific information related to each course (course name(s) and dates must be provided).

<p>Disability Co-ordinator/School official: I certify the above named student is registered in the school indicated in Section 1 of this application and, based on the information provided by the student, this student requires all of the equipment and/or services listed above to reduce the barrier caused by the disability so the student can successfully complete current educational goals.</p>	<p>OFFICIAL SCHOOL STAMP OR SEAL</p>
<p>Signature of Disability Co-ordinator/School Official (in ink)</p>	<p>Date Signed Year Month Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p>
<p>Print Name</p>	<p>Telephone Number</p>

SECTION 4: VERIFICATION OF PERMANENT DISABILITY

THIS SECTION MUST BE COMPLETED BY A QUALIFIED MEDICAL ASSESSOR – COMPLETE ALL RELEVANT SECTIONS

Student Last Name	Student First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ANSWER ALL QUESTIONS

How long has the patient been in your care for these medical conditions? **Since:** ^{YYYY} - ^{MM} - ^{DD}

Note: a case history of three to five years is required in most cases.

Is this a permanent* disability? Yes No

Is this a chronic** disability? Yes No

Date of onset: ^{YYYY} - ^{MM} - ^{DD}

Does the disability result in a daily functional limitation, restricting the ability of the student to perform the daily activities necessary to participate fully in their studies? Yes No

- 1. TICK THE APPROPRIATE BOX(S) BELOW**
- 2. PROVIDE A DIAGNOSIS OF THIS STUDENTS PERMANENT DISABILITY (PAGE 8)**
- 3. LIST ALL DAILY FUNCTIONAL IMPACTS OF THE DISABILITY IN AN EDUCATIONAL SETTING (PAGE 8)**

MOBILITY IMPAIRMENT (TO BE COMPLETED BY A PHYSICIAN)

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 in the better eye after correction
- Any progressive eye disease with a prognosis of becoming one of the above in the next two years
- An uncorrectable vision 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 in the better eye after correction

HEARING IMPAIRMENT (TO BE COMPLETED BY CERTIFIED AUDIOLOGIST)

Level of hearing loss (Indicate appropriate description[s])

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

ACQUIRED BRAIN INJURY (TO BE COMPLETED BY A NEUROLOGIST, PSYCHIATRIST OR PHYSICIAN)

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVE DISORDER

PSYCHIATRIC OR PSYCHOLOGICAL (TO BE COMPLETED BY A CLINICAL PSYCHOLOGIST, PSYCHIATRIST OR PHYSICIAN)

PERVASIVE DEVELOPMENTAL DISORDER (TO BE COMPLETED BY A PHYSICIAN OR PSYCHOLOGIST)

SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

■ CHRONIC HEALTH IMPAIRMENT (SPECIFY)

■ LEARNING DISABILITY – CURRENT PSYCHO-EDUCATION/LEARNING DISABILITY ASSESSMENT MUST BE ATTACHED (WITHIN LAST 5 YEARS)

QUALIFICATIONS OF ASSESSOR

Yes No

I am a registered psychologist with an expertise in diagnosing learning disabilities; or

Yes No

I am a certified school psychologist and (if in British Columbia) a member in good standing with the British Columbia Association of School Psychologists. (You must be or have been employed by a provincially funded school board/college/university at the time of the learning disability assessment.)

Please Note: British Columbia certified school psychologists conducting learning disability assessments outside their employment role/situation (i.e., private practice) will not be recognized as having met ministry criteria for qualified assessors.

Yes No

I am a psychological associate with limited register designation.

Please Note: Psychologists or psychological associates practicing in a limited register designation must submit a copy of the restrictions of their practice from the College of Psychologists of BC.

DOCUMENTATION

Yes No

The learning disabilities report is attached and was completed in the last five years.

Yes No

The learning disability report is complete, typed on official letterhead, includes the assessment date and the psychologist's name, title, professional credentials, address and phone/facsimile number, and is signed and dated.

Please Note: In some cases a current achievement assessment may be required for students in transition to post-secondary education in order to accurately reflect current academic ability.

DIAGNOSTIC FEATURES

Yes No

The diagnosis of the individual's achievement on individually administered, standardized comprehensive tests in reading, mathematics or written expression are *substantially below** that expected for age, schooling and level of intelligence; and

Yes No

The learning disability *significantly* interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.

(**Substantially below* is defined as a discrepancy of more than two standard deviations between achievement and IQ, or a smaller discrepancy between achievement and IQ [i.e., between one and two standard deviations] in cases where an individual's performance may have been compromised by an associated disorder in cognitive processing, a co-morbid mental disorder or general medical condition, or the individual's ethnic or cultural background.)

LEARNING DISABILITY DIAGNOSIS

Yes No

The learning disability assessment report clearly states a diagnosis of a learning disability meeting DSM-IV diagnostic criteria which describes the level of severity and the manner in which the disability significantly interferes with academic functioning.

Yes No

The report contains recommendations for specific reasonable accommodations that are needed to address the current and substantial impact of the disability on the student's academic functioning. Recommendations are supported by test scores and are included in the report.

SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

THIS SECTION MUST BE COMPLETED IN FULL




Permanent Disability Diagnosis:

Medication(s) and side effects:

Which symptoms does the medication manage:

Explain the daily functional impact of the disability to the student in an educational setting. If more space is required, please attach a sheet to this completed form.

What supports can reduce the impact of the disability to the student, in an educational setting? List all services or equipment that are disability related.

1. Impact of the primary disability barrier(s).		1.
2. Impact of the secondary disability barrier(s).		2.
3. Other barrier(s).		3.

Explain the severity and prognosis of the student's current permanent disability.

Severity:

Prognosis:

Name of Certifying Medical Assessor

Occupation of Medical Assessor

Mailing Address

City/Town

Registration/ Certificate #

Area Code Telephone Number

Area Code Facsimile Number

Province Postal Code

Signature (in ink)	Date
<p>*Permanent Disability A person with "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 fully in studies at a post-secondary level or the labour force and is expected to remain with the person for the person's expected natural life."</p> <p>**Chronic illness/syndrome The illness/syndrome must have been persistent for a minimum of three years and is likely to last and become permanent. The illness/syndrome restricts the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level.</p>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">MEDICAL OFFICE STAMP</div> <div style="font-size: 2em; color: gray; font-weight: bold; margin-top: 20px;">REQUIRED</div>