

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).

2. Impact of the secondary disability barrier(s).

3. Other barrier(s).

1.

2.

3.

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

Severity:

Prognosis:

Name of Certifying Medical Assessor

[Grid for Name of Certifying Medical Assessor]

Occupation of Medical Assessor

[Grid for Occupation of Medical Assessor]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

City/Town

[Grid for City/Town]

Registration/ Certificate #

[Grid for Registration/ Certificate #]

Area Code

[Grid for Area Code]

Telephone Number

[Grid for Telephone Number]

Area Code

[Grid for Area Code]

Facsimile Number

[Grid for Facsimile Number]

Province

[Grid for Province]

Postal Code

[Grid for Postal Code]

Signature (in ink)

Date

***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."

****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.

MEDICAL OFFICE STAMP