

Functional Limitation Form to Support Academic Accommodations

Academic Accommodations Policy Statement:

Bow Valley College is committed to an inclusive, barrier-free learning environment in which all learners, including learners with disabilities, have equal access to education and where all learners feel included and valued.

Bow Valley College's goal is to ensure fair and consistent treatment of all learners. Bow Valley College will provide reasonable academic accommodations to learners in accordance with the Alberta Human Rights, Citizenship and Multiculturalism Act and the Canadian Charter of Rights and Freedoms.

Exceptions include, but are not limited to, the following:

Accommodations that would cause undue hardship to the College;

- reducing academic or non-academic performance standards of a course or program in order to accommodate a learner;
- reducing minimum entrance or completion requirements of a program; and
- relieving the learner of the responsibility to develop the essential skills and competencies expected of all learners

To be completed by student:

Student Name: _____

Date of birth: _____

Student ID: _____

I give permission to Accessibility staff to contact the professional who completed this form for clarification and/or additional information.

Student signature: _____

I do NOT give permission and will obtain additional information or documentation on my own if needed

Documentation can be faxed to 403 297 6308 or provided to Learner Success Services in person. The student is responsible for booking a follow up appointment with an Accessibility Advisor.

Thank you for your support and time in providing this information. If you have any questions or concerns please contact Accessibility Services at (403) 410-1440 or accessibility@bowvalleycollege.ca

This information is being collected under the authority of section 33c of the Freedom of Information and Protection Privacy act. For further information regarding the purpose of the collection please contact Learner Success Services at Bow Valley College 332 6th Ave SE, Calgary AB T2G 4S6; 403-410-1440 or toll free in Alberta 1-8664-BVC-NOW.

This communication contains legally privileged and confidential information intended only for the addressee; if you have received this document in error please contact us immediately at the number listed above.

Confirmation of Disability/Diagnosis

Please note: Bow Valley College will provide academic accommodations if you confirm that there is a disability without a specific diagnosis. However, some grant funding sources and exam providers require diagnostic information in order to process student funding or accommodation requests.

I, Dr. _____ am involved with the care of the above named student and verify that they have a diagnosed disability that requires academic accommodation(s).

For mental health diagnoses, please use DSM classifications.

Formal Diagnosis	Permanent/Temporary	Expected duration (if temporary)
1.		
2.		
3.		

The student does not wish to disclose their diagnosis and understands that this may impact their eligibility for some services and programs (i.e. government grants for students with disabilities)

Functional Limitations

This form must identify functional limitations that the student may experience because of their disability. Please indicate these below.

- | | |
|--|---|
| <input type="checkbox"/> Reading
<input type="checkbox"/> Writing
<input type="checkbox"/> Notetaking
<input type="checkbox"/> Attention
<input type="checkbox"/> Concentration
<input type="checkbox"/> Memory/retention
<input type="checkbox"/> Time management/planning
<input type="checkbox"/> Managing multiple demands simultaneously | <input type="checkbox"/> Fine motor skills
<input type="checkbox"/> Lifting/carrying
<input type="checkbox"/> Mobility
<input type="checkbox"/> Interpersonal skills
<input type="checkbox"/> Coping
<input type="checkbox"/> Problem-solving
<input type="checkbox"/> Attendance |
|--|---|

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Other limitations not listed (please include any medication related barriers):

What detail can you provide about the barriers indicated above (severity etc.)?

Recommendations

What types of **academic accommodations** are recommended to address the student's disability-related barriers?

Health provider information

Name: _____

Specialty/credentials: _____

By signing below, I confirm that the information in this form is true and accurate.

Medical professional's signature: _____

Date signed: _____

Clinic contact information or stamp:

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