

Student Information		
Last Name:	First Name:	File Number:
Name of Post-Secondary Institution:	Program of Study:	Program Start Date:

## Following Sections to be completed by Medical Assessor

This form is used to collect information and verify the student's disability status for Nova Scotia Student Assistance purposes. If verified, the student may be eligible for federal and/or provincial grants.

### Section 1: Verification of Disability

**Learning Disability:** Students may upload their psychoeducational assessment or summary report completed by a Registered Psychologist directly to MyPATH. Students do NOT need to submit a Verification of Disability Form in addition to the psych-ed assessment unless they wish to document a secondary disability.

**Hearing Impairment:** form must be completed by an Audiologist

**Visual Impairment:** form must be completed by an Ophthalmologist or Optometrist

**All other conditions:** Neurodevelopmental, Physical, Neurological, Psychiatric, Chronic: form must be completed by a qualified medical assessor (Physician, Nurse Practitioner, Psychologist, Psychiatrist, Occupational Therapist)

**Please note:** Other forms of documentation may be considered and will be reviewed on an individual basis. Please see accompanying Guidelines and connect with your Accessibility Advisor and/or PSAS directly PRIOR to uploading other forms of documentation, to ensure they meet documentation requirements.

**Is the disability Permanent or Persistent and Prolonged?** Please check the appropriate box below.

**Permanent Disability:** any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — that restricts the ability of a person to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force that **is expected to remain with the person for the person's expected life.**

**Persistent / Prolonged Disability:** any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — that restricts the ability of a person to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force and **has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for the person's expected life.**

**How long have you been providing care to the student for their disability-related needs?**

today only/ initial visit       ongoing, since \_\_\_\_\_ (please specify date including year)

## Section 2: Nature of Disability

Please indicate the primary and secondary diagnoses by checking the corresponding boxes and/or writing out the official diagnosis. Should the student NOT consent to sharing a diagnosis, please ensure the correct box/es are checked.

### Primary Disability- check one AND/OR indicate diagnosis

- Learning Disability
- Neurodevelopmental Disorder (For example: ADHD, Autism Spectrum Disorder, Intellectual Disabilities)
- Physical Disability / Mobility Impairment
- Hearing Impairment
- Visual Impairment
- Neurological Disability
- Psychiatric Disorder
- Other Chronic Disorder

### Diagnosis:

### Secondary Disability- check one (if applicable) AND/OR indicate diagnosis

- Learning Disability
- Neurodevelopmental Disorder (For example: ADHD, Autism Spectrum Disorder, Intellectual Disabilities)
- Physical Disability / Mobility Impairment
- Deaf or Hearing Impairment
- Blind or Visual Impairment
- Neurological Disability
- Psychiatric Disorder
- Other Chronic Disorder

### Diagnosis:

**Functional Limitations (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Standing                          | <input type="checkbox"/> Speaking/communicating   |
| <input type="checkbox"/> Sitting                           | <input type="checkbox"/> Hearing                  |
| <input type="checkbox"/> Walking                           | <input type="checkbox"/> Completing tasks on time |
| <input type="checkbox"/> Lifting/Carrying/Holding/Reaching | <input type="checkbox"/> Attending Classes        |
| <input type="checkbox"/> Handwriting                       | <input type="checkbox"/> Staying on task          |
| <input type="checkbox"/> Typing                            | <input type="checkbox"/> Remembering information  |
| <input type="checkbox"/> Taking notes in class             | <input type="checkbox"/> Vision                   |
| <input type="checkbox"/> Self-regulation                   | <input type="checkbox"/> Reading                  |

**Comments or Additional Information:**

**Section 3: Medical Assessor Contact Information**

Name:		Profession:	
City / Town:	Province:	Licence#:	
Signature of person verifying disability		Date of Signature	

**Once completed, the student must upload this form to their account in MyPATH.**  
PSAS will not accept or review this form via email.



Post Secondary Accessibility Services  
Advanced Education

## **Guidelines for Students: Verification of Disability Form**

### **Verification of Disability Form**

The Canada Student Grant for Services and Equipment- Students with Disabilities (CSG-DSE) is a federal grant that supports post-secondary students with a verified permanent, persistent, or prolonged disability. The CSG-DSE is administered by Post Secondary Accessibility Services (PSAS). To be eligible for the CSG-DSE, students must provide medical verification of their permanent, persistent, or prolonged disability. Documentation must be complete by a qualified medical assessor, indicate a primary and secondary diagnosis (when applicable), and include a detailed list of functional limitations related to their disability that would restrict their ability to perform necessary activities to pursue studies at a postsecondary level.

A fillable and printable version of the Verification of Disability Form can be found in the student's Nova Scotia Student Assistance MyPATH account. This form **MUST** be completed and signed by a qualified medical assessor and uploaded to the student's MyPATH account before an application will be considered.

The student may provide other documentation to establish their eligibility as a student with a disability. These documents include, but are not limited to:

- A medical certificate.
- A psycho-educational assessment.
- Documentation proving receipt of federal or provincial permanent disability assistance.
- Letter and Medical Reports from qualified assessors

All Documentation must:

Describe the disability. Providing the specific diagnosis is optional but helpful to determine the level of support required for the student.

Provide a list of functional limitations the student experiences because of their disability.

Confirm whether the applicant's impairment(s) or functional limitation(s) are expected to be permanent, or in the case of a persistent or prolonged disability, are expected to last for at least 12 months.

Confirm that the applicant's impairment(s) or functional limitation(s) restrict(s) their ability to perform the daily activities necessary to pursue studies at a post-secondary level or participate in the labour force.

**NOTE:** If submitted documentation does not meet all the above criteria, PSAS may delay adjudication and request additional information.

### Qualified Assessor Information

The Verification of Disability form may be completed by a physician, nurse practitioner, audiologist, optometrist, ophthalmologist, psychologist or psychiatrist registered to practice in the province or territory where the assessment is undertaken.

<b>Disability Category</b>	<b>Required Documentation</b>	<b>Medical Assessor</b>
<b>Learning Disabilities (not ADHD)</b>	A psychoeducational assessment (or summary report) that is no more than five years old (or completed when the student was 18 or older).  Applicants do NOT need to submit a Verification of Disability Form in addition to the psych-ed assessment.	Psychologist
<b>Hearing Impairment</b>	Disability Verification form	Audiologist
<b>Visual Impairment</b>	Disability Verification form	Ophthalmologist Optometrist
<b>Neurodevelopmental Physical Neurological Psychiatric Chronic Other</b>	Disability Verification form	Physician Nurse Practitioner Psychologist Psychiatrist Occupational Therapist

In cases where access to a Qualified Assessor may be a barrier, a Verification of Disability Form completed by other registered medical practitioners may be considered. PSAS has discretion to consider verification of disability forms from other registered medical practitioners that are trained or authorized to do so in cases where access to the above medical practitioners may be limited.