

Verification of Disability Form

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278

Applicant Information

This form is to be completed by a qualified practitioner (i.e., medical doctor) for the purpose of determining eligibility for a permanent, persistent or prolonged disability status for:

- Full-time or part-time Saskatchewan Student Aid;
- Canada Student Grant for Students with Disabilities; and
- Canada-Saskatchewan Grant for Services and Equipment for Students with Disabilities.

The Verification of Disability form may be accepted from other medical practitioners that are suitably trained or authorized.

In addition, alternative forms of the signatures will be accepted from medical practitioners, students, disability officers or administrative officials as required. This includes, but is not limited to, electronic signatures or official watermarks and stamps.

It is recommended that students with learning disabilities obtain a psycho-educational assessment (or summary report) to verify their disability and the accommodation details for post-secondary education. The following options may also be accepted as verification/proof of disability:

- a) A psycho-educational assessment no older than seven years for students who had these assessments completed before the age of 18; or
- b) A medical certificate (or letter) in lieu of a psycho-educational assessment for students without an existing assessment and who cannot receive an assessment in time for verification of their application.

This certificate must be completed by a registered psychologist or qualified medical practitioner.

Disability supports are available to students with permanent, persistent or prolonged disabilities. Verification of disability is only required once. However, students with persistent or prolonged disabilities lasting at least 12 months are required to confirm (self-declare/attest) their disability status every year to maintain access to student aid benefits.

Students are responsible for any fees incurred to complete this form.

Note: Not all impairments or functional limitations are considered disabilities for the purpose of meeting program eligibility.

Qualified Practitioner Information

All the medical information must be completed by a licensed physician or other qualified practitioner.

This form will be used to determine your patient's eligibility for student financial aid for students with either a permanent OR a persistent or prolonged disability. Eligibility for funding is based on the patient's disability as per the definitions noted below.

Patient's Full Name: _____

Disability Information

Check the box that describes the nature of your patient's disability:

- ☐ Mobility
- ☐ Hearing
- ☐ Visual
- ☐ Speech
- ☐ Acquired Brain Injury
- ☐ ADD/ADHD
- ☐ Pervasive Developmental Disorder (i.e., autism, neurological)
- ☐ Psychiatric or Psychological
- ☐ Learning - students with this type of disability are to submit a Learning Disability Assessment (i.e., psycho-educational assessment)
- ☐ Other, please specify: _____

Note: Select one of the following that best describes their disability, as either permanent OR persistent/prolonged.

A **permanent disability** for purposes of student financial aid, is:

Any impairment, including 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 post-secondary school level or to participate in the labour force and that is expected to remain with the person for the person's expected life.

A **persistent or prolonged disability** for the purpose of student financial aid, is:

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 post-secondary 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."

Based of the definitions above, please indicate if the disability is ☐ Permanent

OR

☐ Persistent or Prolonged

Please provide details about your patient's impairment and functional limitations, including how it impacts their participation in post-secondary education. Include details on the duration and effects of these limitations. Attach a supplemental letter if extra space is needed.

Identification and Signature of Qualified Practitioner

Qualified Practitioner's Full Name: _____

Address: _____

Telephone: _____

Practitioner Stamp:

I certify that the information provided is, to the best of my knowledge, correct and complete and I understand that this information will be used to determine if my patient is eligible for Canada-Saskatchewan student aid programs for students with disabilities.

X _____
Signature of Qualified Practitioner

Date (dd/mm/yyyy)