



Supporting Documentation

Student Details

Full Name	
Student ID	

The rest of this form is to be completed in full, by a medical or other accredited health professional to enable a student to register with the Inclusion and Disability Services. A separate form is required if a student has more than one disability.

Please note that alternate documentation is required in place of this form for Learning conditions (Adult Psychometric Testing Report), and Handwriting difficulties (Occupational Therapist Assessment Report).

Please note that the review date may be varied by Inclusion and Disability Services on behalf of the University, and registered students may be requested to provide new, updated, or additional supporting documentation at any time.

This form, and further information about required Registration Documentation is available at
<https://www.sydney.edu.au/students/health-wellbeing/inclusion-and-disability.html>

Due to inherent requirements related to a student's course, there may be some adjustments that are not able to be applied.

On completion of this form please provide to client.

Important: Personal information about students is protected under the *Privacy and Personal Information Protection Act 1988* (NSW), the *Health Records and Information Privacy Act 2002* (NSW) and the University of Sydney Privacy Policy and Procedure (available at <http://sydney.edu.au/arms/privacy/>) in order for a student to receive support from Inclusion and Disability Services they will need to sign an *Acknowledgement of Use and Disclosure of Personal Information* form which gives consent for Inclusion and Disability Services to disclose information about the student to teaching bodies within the University for the purpose of identifying and providing reasonable adjustments for their disability, and other University personnel and/or professionals outside the University where the University considers it necessary for the purposes of the student's health, safety and welfare and that of other people.

Health Professional

Full Name	
Profession	
Address	
Phone contact 1	
Email	
Provider Stamp (or business card provided)	
Registration / Accreditation Number	
Provider Number	

I authorise Inclusion and Disability Services to contact me or my office to confirm authenticity of this document.

Professional's Signature	
Date	

Disability Information				
How many times has this student been seen at your practice during the past 12 months about their disability/condition (including this appointment)?				
Diagnosis (as per ICD-10 or DSM-V)				
Year Diagnosed				
Disability Type	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychological
	<input type="checkbox"/> Visual	<input type="checkbox"/> Physical	<input type="checkbox"/> Neurological	
Disability Category	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Profound	<input type="checkbox"/> Severe
	<input type="checkbox"/> Ongoing stable		<input type="checkbox"/> Ongoing fluctuating	
Disability Status (please tick one only and provide the estimated duration for temporary conditions)	<input type="checkbox"/> Temporary Stable Duration:			
	<input type="checkbox"/> Temporary fluctuating Duration:			
Documentation valid for:		<input type="checkbox"/> _____ months(s) <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years		
Medication/treatment plan				

Disability impact on studies			
Please indicate the impacts of the disability and medication or treatment, on the student's studies.			
<input type="checkbox"/> Concentration <input type="checkbox"/> Attention <input type="checkbox"/> Focus <input type="checkbox"/> Mental endurance/fatigue <input type="checkbox"/> Information processing <input type="checkbox"/> Distraction <input type="checkbox"/> Memory <input type="checkbox"/> Organisation <input type="checkbox"/> Planning <input type="checkbox"/> Prioritisation	<input type="checkbox"/> Task switching <input type="checkbox"/> Motivation <input type="checkbox"/> Engagement <input type="checkbox"/> Social withdrawal <input type="checkbox"/> Psychosis <input type="checkbox"/> Stress tolerance <input type="checkbox"/> Decision making skills <input type="checkbox"/> Variable moods <input type="checkbox"/> Agitation <input type="checkbox"/> Procrastination	<input type="checkbox"/> Disrupted thought processes <input type="checkbox"/> Avoidance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Pain/discomfort <input type="checkbox"/> Physical endurance/fatigue <input type="checkbox"/> Reduced physical ability <input type="checkbox"/> Disruptive symptoms <input type="checkbox"/> Frequent illnesses <input type="checkbox"/> Reduced communication <input type="checkbox"/> Disrupted sleep	<input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Other, please specify:

Description of condition and impacts on studies (Please explain in detail how the student's disability affects them. For instance, explain what the condition is; when the condition affects them; what the triggers/exacerbators are; how frequent the symptoms are; and how it may cause difficulties for the student on campus and when studying):

Impacts of medication/treatment on studies:

Recommendations for Adjustments/Support

In view of the disability impacts outlined please make recommendations for assistance required
(the recommendations below must be justified by the impacts above):

Accessibility (e.g. physical environments; materials; etc.)	<input type="checkbox"/> N/A
Lectures	<input type="checkbox"/> N/A
Classroom Support (tutorials; labs; seminars; etc.)	<input type="checkbox"/> N/A
Assignments (e.g. individual; group; presentations etc.)	<input type="checkbox"/> N/A
Examinations (e.g. timed tasks; practical tests etc.)	<input type="checkbox"/> N/A
Placements/Field Work NB: Additional documentation may be required.	Please complete page 5 of this form if placement adjustments are required as part of the student's degree
Assistive Technology (adaptive software or hardware)	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> N/A

Safety Plan

Does this student require a medical or mental health safety plan? ☐ Yes ☐ No

If yes, please fill out the safety plan on the next page or include a copy of an existing plan.

Safety Plan

This document is to be completed by a medical or other appropriate health professional if a student has a medical or mental health condition which may require a safety plan. This information will be kept on the student's file at Inclusion and Disability Services so that we have this information should we become aware that the student is in crisis. This form is also available at sydney.edu.au/disability

Please refer to privacy information on the front of this form. The information provided in this safety plan may be shared with external placement providers if required to meet WHS requirements.

On completion of this form please forward to the student, together with the supporting documentation above.

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Warning Signs (ie. signs and symptoms, behaviour) that a medical or psychiatric crisis may be developing

1.
2.
3.
4.
5.
6.

Student's self-management or prophylactic measures to avert a crisis

1.
2.
3.
4.
5.
6.

Emergency Contacts (Medical and Personal) if a crisis occurs

Professional Contact 1 Name: Phone:	Professional Contact 2 Name: Phone:
Personal Contact 1 Name: Phone:	Personal Contact 2 Name: Phone:

Details of local area health service crisis team (if relevant):

Signature of medical or health professional providing safety plan

Name:	
Signature:	Date:

Thank you for your assistance in providing this documentation. This will greatly assist Inclusion and Disability Services in assessing and negotiating appropriate academic adjustments for this student to enable equal participation in their education at the University of Sydney.

This section of the form should be completed if the student is required to undertake placements or field work as part of their degree and may require additional support or adjustments. Please make recommendations for adjustments required considering the impact of the student's condition and where possible provide reasoning.

Due to the inherent requirements related to a student's course, all recommendations will need to be reviewed and assessed by an Inclusion and Disability Services Officer and may not be guaranteed when determining reasonable adjustments. Students are encouraged to review the Inherent Requirements for their course of study: <https://www.sydney.edu.au/students/student-responsibilities/inherent-requirements.html>

Student Details

Full Name	
Student ID	
Location	<input type="checkbox"/> N/A
Attendance and hours	<input type="checkbox"/> N/A
Accessibility (i.e. accessible workplace/workspace, specialised equipment/technology, parking)	<input type="checkbox"/> N/A
Specific Supervision Needs	<input type="checkbox"/> N/A
Physical restrictions (i.e. lifting capacity, restrictions around postural control or physical activities)	<input type="checkbox"/> N/A
Other	

Signature of medical or health professional

Name:

Signature:

Date: