THE UNIVERSITY OF SYDNEY

Disability Services
Student Support Services

Supporting Documentation

This form is to be completed by a medical or other accredited health professional to enable a student to register with 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 (Psychometric Testing Report), and Handwriting difficulties (Occupational Therapist Assessment Report).

This form, and further information about required Registration Documentation is available at sydney.edu.au/disability

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 forward to client or return by email to disability.services@sydney.edu.au

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 Disability Services they will need to sign an *Acknowledgement of Use and Disclosure of Personal Information* form which gives consent for 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.

Student Details	
Full Name	
Student ID (office use only)	
How many times has this student been seen at your practice during the past 12 months about their disability/condition (including this appointment)?	
Health Professional	
Full Name	
Profession	
Address	
Phone contact 1	
Email	
Provider Stamp (or business card provided)	
Registration / Accreditation Number	
Provider Number	

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

Professional's Signature	
Date	

Disability Information				
Diagnosis (as per ICD-10 or DSM-V)				
Year Diagnosed				
Disability Type	☐ Hearing	☐ Learning	☐ Medical	☐ Psychological
	☐ Neurological	☐ Physical	☐ Visual	
Disability Category	☐ Mild	☐ Moderate	☐ Profound	☐ Severe
Disability Status (please tick one only and provide the estimated duration for temporary conditions)	☐ Ongoing stable		☐ Ongoing fluctuating	
	☐ Temporary Stable Duration:			
	☐ Temporary fluctuating Duration:			
Documentation valid for:	☐ ____months(s) ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years			
Medication/treatment plan				

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

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.)	☐ N/A
Lectures	☐ N/A
Classroom Support (tutorials; labs; seminars; etc.)	☐ N/A
Assignments (e.g. individual; group; presentations etc.)	☐ N/A
Examinations (e.g. timed tasks; practical tests etc.)	☐ N/A
Placements/Field Work NB: Additional documentation may be required.	☐ N/A
Assistive Technology (adaptive software or hardware)	☐ N/A
Other	

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 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 or return by email to disability.services@sydney.edu.au.

Student Details	
Full Name	
Student ID	

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 Disability Services in assessing and negotiating appropriate academic adjustments for this student to enable equal participation in their education at the University of Sydney.