

DISABILITY SUPPORT MEDICAL DOCUMENTATION FORM

After completing this form, please take it with you to your appointment with a Student Services Adviser. To make an appointment, please contact Student Services on your SAE Campus.

To be completed by a Health Practitioner, specifically in relation to the nature of the student's disability or medical condition.

This information is required for the sole purpose of ensuring that this student's condition will not disadvantage or negatively impact on their study. While you are under no obligation to complete this document, the student will not be able to obtain appropriate support without this information.

Students diagnosed with a Learning Disability are also required to provide a copy of their Adult Learning Assessment and/or report by a qualified Educational or Neuropsychologist.

Personal Details

Name of Student: _____ Student Number: _____
 Address: _____

 Phone: _____ Email: _____
 Date: _____

Authority Release

I _____ hereby give authority for _____
 (Student Name) (Practitioner)

to release information in this report to Student Services at SAE. I also authorise Student Services to discuss this report and my condition with the Practitioner below.

Student's Signature: _____ Date: _____

Practitioner's Report

I declare that I am not a close relative or associate of this student (i.e. partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child or colleague), or anyone involved in the assessment process in the Institute.

Practitioner: _____
 Profession: _____

 Phone: _____ Email: _____
 Signature: _____ Date: _____

Practitioners
Stamp
Here

IMPORTANT INFORMATION

The Student Services Adviser at SAE will use the information provided in this report to develop a Student Access Plan Disability (SAPD) for this student.

The Student Access Plan Disability (SAPD) will outline reasonable adjustments which the student will need to negotiate with each of their lecturers, tutors etc and adjustments will depend on the inherent requirements for each course.

REASONABLE ADJUSTMENTS:

A reasonable adjustment is a change to a module or program which may alter, within reason, the specific activities without compromising the essential learning objectives and/or the inherent requirements of the module or program.

Determining Reasonable Adjustments:

Whether an adjustment is reasonable will be determined in accordance with the Disability Standards for Education. This will involve taking into account all the relevant circumstances and interests, including the student's Disability; the effect of the proposed adjustment on the student and on anyone else affected, including the Institute, staff and other students.

In assessing whether an adjustment to a module or program in which a student is enrolled, or proposes to be enrolled, is reasonable, the Institute is entitled to maintain the academic requirements of the module or program, and other requirements or components that are inherent in or essential to its nature (Disability Standards for Education).

TO BE COMPLETED BY A HEALTH PRACTITIONER

Disability Information	
Diagnosis	
Description of condition	
Date Diagnosed	

Disability Type	<input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Neurological <input type="checkbox"/> Asperger's/ Autism <input type="checkbox"/> Mental Health <input type="checkbox"/> Medical <input type="checkbox"/> Learning Other: Please specify
Severity of condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Prognosis (Please tick only one) 1	1. Mental Health conditions <p>The student's condition (e.g. anxiety, depressive episode) is expected to: resolve/ improve/ be well managed within: (please tick)</p> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date:..... or <p>The student experiences:</p> <input type="checkbox"/> Multiple recurrent episodes which are expected to impact on their study episodically, but continuously (e.g. Schizophrenia, Bipolar, Major Depressive Disorder).
OR 2	2. Medical conditions (for Psychiatric diagnosis please complete Mental Health conditions above) <p>The student's condition is expected to: resolve/ improve/ be well managed within: (please tick)</p> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date:..... or <p>The student's condition is:</p> <input type="checkbox"/> Ongoing and stable <input type="checkbox"/> Ongoing and fluctuating <input type="checkbox"/> Ongoing and degenerative

Impact of treatment : (e.g. absences due to attending medical appointments, side effects of medication or therapy) Please complete only if treatment / medication is likely to impact on the student's study.

Impact on study

Please consider the impact of the student's disability/ medical condition on their specific study skills/needs.

Cognitive skills : (e.g. attention and concentration; planning and organisation; processing skills—auditory and visual; conceptual skills—sequencing and integration; memory; other)

Reading (e.g. standard print; reading from whiteboard/ screens; speed; comprehension; other)

Writing (e.g. physical ability; writing speed; spelling; punctuation; grammar; text organisation; other)

Other associated areas :(e.g. understanding spoken language; using spoken language; performing calculations; fine motor skills/manipulating objects; other)

Physical environment (e.g. handling of heavy doors; negotiating stairs; using a standard computer or seating; standard acoustics; retrieving books from library shelves; moving easily between venues on campus; other)

Does the student require specific equipment, furniture or adaptive software? YES / NO
Please specify below

Impact on attendance, participation and assessable work

Please consider the impact of the student's disability/medical condition on their attendance, participation and ability to complete assessable work.

Attendance and participation in lectures, tutorials, studios and practical workshops

(e.g. collaborating with others; completing work independently; participating in groups; making presentations)

A Student Access Plan Disability (SAPD) may make provisions for a student to negotiate their attendance/ participation in required lecture, tutorial, studio and practical workshop type classes on an occasional basis. Students may be expected to make other arrangements with their lecturers to make up for this missed work. This may not be possible for all courses due to mandatory attendance requirements.

If the student requires adjustments in relation to attendance/ participation, please explain why.

Completing assessable work within course time frames

A Student Access Plan Disability (SAPD) may make provisions for a student to negotiate extensions. Students are expected to request an extension before the due date.

If the student requires an extension/s for assessable work, please explain why.

Examinations - usually 2-3 hours in duration (e.g. extra time; rest breaks; permission to take in medication,snack or drink (other than water); smaller venue).

Please list recommended adjustments to exams. If extra time is required, please explain what this extra time is for

Other Comments:

Does this student require a medical or mental health Crisis Response Plan?	Yes - please fill out the Safety Plan overleaf
	No

Thank you for your assistance in providing this documentation.

Student Name: _____ **Student Number:** _____

Crisis Response Plan

This document is to be completed by a Medical Practitioner 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 Student Services and shared with relevant SAE staff and external placement providers as reasonably necessary to ensure an informed crisis response if required.

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

- 1.
- 2.
- 3.
- 4.

Student's Self-Management or Prophylactic Measures to Avert a Crisis

- 1.
- 2.
- 3.
- 4.

Medical or other Health Professionals who can be contacted if a crisis occurs

First Professional's name:	
Professional's emergency contact:	

Second Professional's name:	
Professional's emergency contact:	

Local area health service crisis team:	
Contact number:	

Other:	
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Signature of Medical or Health Professional Providing Safety Plan

Date:
Professional's Name:
Professional's Signature:

I, (student's name) _____ give permission to release this information as outlined above.

Signature of Student _____ Date: _____