

DOCUMENTATION & REFERRAL FORM

RSBCLR AACQQG@GJGRW ? LBPATRONIC K C?LARA C Q @ RB@ GCNSP
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Accommodations to support students experiencing barriers, who have a documented disability, mental health disorder, chronic illness, or other impairment, whether temporary (i.e. concussion, broken bone), permanent (i.e. dyslexia, diabetes), or episodic (conditions that may have fluctuating symptoms or variations in impairment).

This form is a means of providing information about this student's particular diagnosis(es) to determine reasonable accommodations.

† § The student has been my patient since: 0
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Duration

<p> Permanent Disability</p>	<p>This student has a chronic impairment (a stable diagnosis expected to persist throughout the course of their studies at McGill University) with symptoms that are persistent, cyclic, or episodic.</p>
<p> Temporary Disability</p>	<p>A temporary impairment from which the student may recover within 6 -12 months.</p> <ul style="list-style-type: none"> - Expected recovery by: _____ (DD/MM/YR) - If recovery is unknown, please indicate an approximate recovery timeframe by term ending Fall semester < Winter semester < Summer semester

1.3. In your opinion, do you think that the student is able to take a full course load (180 hours / semester) ? Please note that your response will not impact the student's ability to register as a full or part -time student. Yes No

1.3.1. If no, please indicate your reasoning for this recommendation:

PROFESSIONAL INFORMATION

Name:	
Professional title: (e.g. Psychologist, Physician, Psychiatrist, etc)	
License number:	
Address:	
Telephone number:	

Professional's Signature: _____

Date of consultation: _____