## Evidence of a Disability Form

## Who should submit this form for assessment by Disability Support?

This form should only be completed on behalf of a student who wishes to be assessed by Disability Support Services to determine possible access to available general disability supports. **Students who have already submitted documentation regarding evidence of a disability should not complete or submit this form.**

If you have been educated in Ireland, and you have one (or more) of the following;

* **an Assessment of Need from secondary school; and/or**
* **School statement; and/or**
* **RACE Accommodations for the Leaving Certificate; and/or**
* **Evidence of Disability outlined in** [Evidence of Disability](https://accesscollege.ie/dare/providing-evidence-of-your-disability/)

then simply exit this form and submit your documentation.

## EU, Visiting or International Students

[EU, Visiting or International students](http://www.tcd.ie/disability/prospective/international.php) may register with Disability Support for general disability supports. Visiting and Study Abroad students are advised to make contact with Disability Service in advance of applying for admission to discuss their support requirements.

## This form should be completed for a student by a GP / Health Professional / Specialist where the student has a disability/ learning difficulty/significant or ongoing health condition.

## Purpose of this Form

## There are a range of possible supports available for students with disabilities/ learning difficulty/significant or ongoing health conditions.

## To access available support, Disability Services requires students to submit accepted evidence of your disability/ learning difficulty/significant ongoing health condition. This evidence of disability form is used to assess the impact of your disabilities/ learning difficulty/significant or ongoing health conditions and to make certain general disability supports available to you.

The completed form will be reviewed by Disability Support professionals who have expertise and knowledge of the impact of disability in the academic environment.

## General Disability Supports

Students who come to University and are unable to provide the disability evidence outlined in page 1 or outlined here [Evidence of Disability](https://accesscollege.ie/dare/providing-evidence-of-your-disability/) can avail of a general level supports (e.g. Exam Accommodations, Academic supports, advice on Assistive Technology and access to a Disability Advisor ) by providing this completed Evidence of Disability Form, from one of the following; a **GP/Health Professional/Specialist** (e.g. Psychologist).

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| Evidence of a Disability FormInstructions for Completion:  * A GP / Health Professional / Specialist must complete this form. * This form must be stamped/ accompanied by headed paper.   Applicants must arrange for this form to be completed on their behalf by one of the following persons; a GP / Health Professional / Specialist  **Please complete ALL sections below in TYPE or BLOCK capitals:** | |
| **1** | **Student/Student Details** |
| |  | | --- | | Name of student: | | Date of Birth: | | Phone Number: | | Student Number: | | |
| **2** | **GP/ Health Professional/Specialist** |
| |  |  | | --- | --- | |  | Name, Title of GP/Health Professional/Specialist: | | Address: | | Phone (including area code): | | Position/Professional Credentials: | | Date of Report: | | |

**The GP or other health professional or specialist should now complete sections 3-7 as appropriate.**

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| **3** | **Disability Information (to be completed by the GP/ health professional/specialist)** |
| **In my opinion, the student presents as being impacted by the following disability type (please tick)**  ADD/ADHD Autism Spectrum Disorder Blind/Visual Impairment  Deaf/Hard of Hearing DCD/Dyspraxia/Dysgraphia Physical Disability/Mobility  Mental Health Condition Neurological Condition Significant Ongoing Illness  Specific Learning Difficulty Speech and Language Dyslexia/Dyscalculia  Communication Disorder  If not indicated above, please outline the disability/ learning difference /significant ongoing health condition that the student presents as being impacted by:   |  | | --- | |  |   Date of onset of the above impact:  Has the student been referred to a Consultant or Expert Specialist for a diagnosis? Yes No  If so, please provide the date of referral: | |
| **4** | **In your opinion, please briefly describe the anticipated course of the condition, i.e. will remain static, may have periods of relapse/remission, may deteriorate.** |
| Duration: Ongoing/Permanent Temporary Fluctuating Relapse/Remit | |
| **5** | **In your opinion, how does the reported impact of the disability/ learning difference/significant ongoing health condition impact on the students’ ability to study and participate (example, fatigue, concentration, pain, etc.) in Higher Education?** |
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| **6** | **Please describe any measures currently being taken to treat the reported impact of the disability/ learning difference/significant ongoing health condition (e.g. medication, therapy).** |
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| **7** | **The GP/Health Professional/Specialist must complete the details below:** |
| Signature.  GP /Health Professional/Specialist  DATE: ­­  IMC Number:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Name of GP/Heath Professional/Specialist:  **Official Stamp:** This form must be completed, signed and  stamped by the appropriate professional.  If a stamp is not available, this form should be  accompanied by a business card or headed paper. | |