



Documentation & OSD Referral Form

The Office for Students with Disabilities at McGill provides academic accommodations to students with disabilities, mental health conditions, chronic illnesses, and/or other impairments. This form is a means of providing the OSD with information about this student's particular diagnosis(es) and/or diagnostic impressions to determine reasonable accommodations. All information will be treated as strictly confidential.

This form may not be used for diagnosis of a Learning Disability. A full psycho-educational assessment must be provided.

Student information:

Student name	
Student number	

Student consent:

I, _____ consent to the information provided in this document being disclosed to the Office for Students with Disabilities (OSD). I understand that my documentation will be treated as strictly confidential and will not be disclosed to others without my consent. I authorize the OSD to contact the undersigned professional to discuss information on this form as well as academic accommodations.

Student signature: _____

Date: _____

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE APPROPRIATE PROFESSIONAL

A. Professional information:

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



B. Diagnostic information:

Please provide the specific diagnosis(es) and indicate any secondary or tertiary diagnoses:

Table with 2 columns: Diagnosis, Reported date of onset. Rows 1, 2, 3.

[] THIS IS A DIAGNOSTIC IMPRESSION ONLY – eligible for temporary accommodation

The student has been my patient since: ___/___/___

1. This student has a chronic impairment (a lifelong disability from which the student is unlikely to recover) with symptoms that are:

[] Continuous or [] Episodic

2. This student has an acute impairment (a disability from which the student may recover within 6-12 months) with symptoms that are:

[] Continuous or [] Episodic

3. This student is being assessed to determine a diagnosis [] with results expected by: ___/___/___

C. Impact on the student’s daily living, including academic and work life:

To assist in determining appropriate accommodations, please attest to the presence and degree of impairment in one or more of the following areas:

- 1- Mild impact
2- Moderate Impact
3- Severe impact

Table with 3 columns: Cognitive, Psychosocial, Physical. Lists various symptoms and impairments with checkboxes.

Other (please specify):



D. How did you arrive at this assessment?

Please check all relevant items below:

- Structured interview(s) with the student
- Unstructured interview(s) with the student
- Interviews with other persons (parent, teacher, therapist)
- Behavioural observations
- Psycho-educational or Neuropsychological Testing
- Other (please specify)

E. Course Load Limitations:

In your opinion, do you think that the student should be taking a reduced course load?

Yes No

If **yes**, please indicate your reasoning for this recommendation:

Professional's Signature: _____

Date of consultation: _____