

Please contact LLQP.Admin@durhamcollege.ca if you require assistance to complete this form.

Part 1: Candidate Information

First Name:

Last Name:

CIPR #:

Phone Number:

Part 2: Diagnosis and Impact

This section must be completed by the accredited diagnosing health professional, such as a Physician, Neurologist, Audiologist, Ophthalmologist, Psychologist, Psychiatrist, or other medical specialist who is authorized to provide a clinical diagnosis.

Please identify the candidate's diagnosis:

Attention Deficit Hyperactivity Disorder

Autism Spectrum Disorder

Acquired Brain Injury

Blind / Low Vision

Deaf/Hard of Hearing

Medical / Chronic Illness

Mobility/Functional Impairment

Mental Health

Other:

Please select one of the following statements that apply to the candidate's disability in a testing environment:

Permanent It is expected that the condition will remain with the candidate and will require management over the course of their normal natural life.

Temporary It is expected that the condition will be short lived and require short term management.

What is the current impact of diagnosis(es) in the testing environment?

Based on the identified diagnosis(es), what accommodations would you recommend to promote the candidate's success in a testing environment? Please see guide below and check all that apply or identify any other recommendations in the 'Other' section.

Extra time for exams (max. 2x):

Spacing between exams:

Modifications to the test environment:

Assistive Technology:

Other:

Part 3: Other Comments

Please indicate if there is any other relevant information that would be helpful to share to ensure this candidate is supported appropriately.

Part 4: Certificate of Accredited Diagnosing Health Care Provider

First Name:

Last Name:

Specialty (if applicable):

Phone:

License #:

Date (yyyy-mm-dd):

Signature:

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