Evidence of Disability Form

Instructions for Completion:

A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form.

This form must be stamped.

Please complete ALL sections below in TYPE or BLOCK capitals:

1 Student Details

Name of student:
Date of Birth:
Phone Number:
TU Dublin Student Number:

2 Qualified Health Professional/Specialist

Name, Title of **Consultant/Specialist**:
Phone (including area code):
Position/Professional Credentials:
Date of Report:

If you are a GP or other health professional (not a Consultant or Specialist), please tick the relevant box below:

I have a diagnosis on file from the appropriate consultant/specialist named above: ☐

N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.

OR

I can confirm that I have diagnosed this person with a disability e.g. depression/acute anxiety: ☐

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

3	**Disability Information (to be completed by qualified health professional)**

Disability type (please tick)

ADHD	☐	Autism Spectrum Disorder	☐		
Blind/visual impairment	☐	Deaf/Hard of Hearing	☐	Dyspraxia	☐
Mental Health Condition	☐	Neurological Condition	☐	Physical Disability	☐
Speech and Language Communication Disorder	☐	Significant ongoing illness	☐	Specific Learning Difficulty	☐

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability

4	**Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.**

Duration: Ongoing/Permanent ☐ Temporary ☐ Fluctuating ☐

5	**How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?**

6	**Please describe measures currently being taken to treat the disability (e.g. medication, therapy).**

7	**What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?**

8	**Where a Consultant has completed this form, Consultant must complete the details below:**

Consultant's Signature. DATE: _____/_____/_____

Name of Consultant:_____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.

9	**Where a GP has completed this form, GP must complete the details below:**

GP's Signature. DATE: _____/_____/_____

IMC Number:

Name of GP:_____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.