The University provides support services and reasonable academic accommodation for students with a disability, injury or health condition. The aim is to reduce the impact of these conditions on the student’s study.

To assist the University in determining the most appropriate support for the student, an assessment of their needs is required.

**Authority to release information**

I, ________________________________, give authority for ________________________________

(Student Name) (Health Practitioner Name)

to release information relating to my disability or health condition to AccessAbility Services at the University of the Sunshine Coast.

Student’s signature: ________________________________ Date: ________________________________

Disclosure of information is voluntary. The information you provide is treated as private and confidential. No information is released without your written consent, except where required or authorised by law, for example if the staff member believes that you or others may be at risk.

**Documentation Requirements**

Students registering with AccessAbility Services due to a disability or health condition must provide current diagnostic evidence of their requirement for any reasonable academic adjustments and support. Adjustments will be based on the verified impacts of their condition, taking into account the inherent academic requirements for their program. Students who do not provide sufficiently comprehensive documentation may only have access to limited supports.

This information should be presented on letterhead from an Australian Health Practitioner Regulation Agency (AHPRA) qualified professional, and state whether the condition is permanent, temporary or variable. Alternatively, students can have their health practitioner complete a Health Practitioner’s Report (PDF 120KB)*.

Documentation will not be accepted if it is:

- More than three years old for learning disabilities
- More than six months old for variable health conditions
- A medical certificate with insufficient information
- From a professional who is a member of the student’s family or where there is a personal or business relationship
- From a provider who is not a suitably qualified health professional
- From other institutions outlining prior educational adjustments (although this could be helpful in assessing student needs)

Diagnostic reporting on temporary or variable conditions must be updated at intervals to be negotiated with the Ability Adviser.

Our Ability Advisers maintain confidentiality and privacy with respect to students’ documentation and information.
## Guidelines for academic accommodations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Documentation required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health condition</td>
<td>Assessment by a psychologist; psychiatrist or GP</td>
</tr>
<tr>
<td>(e.g. Major Depressive Disorder; Generalised Anxiety Disorder; Schizophrenia)</td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>Assessment by a psychiatrist or psychologist Must provide evidence of ADHD and how it specifically impacts in a learning environment</td>
</tr>
<tr>
<td>Autism Spectrum Disorder (Autism; Asperger’s Syndrome)</td>
<td>Assessment by a paediatrician; psychiatrist or psychologist</td>
</tr>
<tr>
<td>Physical impairment (e.g. Muscular Dystrophy; Arthritis)</td>
<td>Assessment by a medical specialist; physiotherapist or GP</td>
</tr>
<tr>
<td>Medical condition (e.g. Chronic Fatigue Syndrome; Epilepsy; Diabetes)</td>
<td>Assessment by a medical specialist or GP</td>
</tr>
<tr>
<td>Vision impairment</td>
<td>Assessment by an ophthalmologist; optometrist; GP or Specialist Vision Testing Service (such as Vision Australia Services) Should include the extent of vision loss and visual acuity, use of assistive equipment, and specific impact in a learning environment</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>Assessment by an audiologist or GP Should include use of hearing aids, cochlear implants or assistive technology, and how the hearing loss specifically impacts in a learning environment</td>
</tr>
<tr>
<td>Acquired Brain Injury</td>
<td>Assessment by a neurologist; psychiatrist or neuropsychologist</td>
</tr>
<tr>
<td>Neurological disorder (e.g. Cerebral Palsy; Multiple Sclerosis)</td>
<td>Assessment by a neurologist; psychiatrist; neuropsychologist or GP</td>
</tr>
<tr>
<td>Specific Learning Disorder (e.g. Dyslexia; Dyscalculia)</td>
<td>Assessment by a psychologist Must include results of standardised assessment of information processing This needs to have been completed at the age 17 or later Recommendations must be substantiated by test results</td>
</tr>
<tr>
<td>Temporary condition or injury Examples:</td>
<td>Assessment by a GP or relevant registered health professional</td>
</tr>
<tr>
<td>Broken bones affecting mobility or writing ability</td>
<td>Documentation must state the nature of the condition and impact on academic performance, including recommended reasonable academic adjustments</td>
</tr>
<tr>
<td>Surgery affecting study ability</td>
<td>Specifies dates or a timeframe for which the student is expected to be affected by the condition or when the student is due to be reassessed</td>
</tr>
</tbody>
</table>
Health Practitioner to complete this section or attach relevant documentation, in accordance with USC documentation requirements and guidelines (see attached)

Diagnosis:  
Date of diagnosis:  
Original diagnostic assessment was:  ☐ Prepared by me ☐ Sighted by me  
Condition is:  ☐ Temporary ☐ Permanent ☐ Variable  
Date to be reviewed:  

Functional implications on student’s study

Please describe how this condition could affect the student’s functioning in an academic setting, based on your assessment, e.g. reading, writing, cognitive skills, mobility, attendance, access:

Please indicate if any specific adaptive equipment / software / furniture / strategies have been prescribed:

Recommended strategies to assist the student based on the impacts of their condition

☐ Extra time during exams for rest breaks  ☐ Use of a computer / software for exams
☐ Extra time during exams for reading and/or writing  ☐ Other:

Name:  
Profession:  
Phone:  
Email:  
Signature:  
Date:  

AccessAbility Services
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