

VERIFICATION OF DISABILITY FORM

The Saskatchewan Apprenticeship and Trade Certification Commission (SATCC) provides accommodations for clients with disabilities. To determine eligibility for academic accommodations, SATCC requires that disabilities be indicated by licensed health care professionals.

This form is for clients with a medical or mental health related disability (e.g., ADHD, vision or hearing impairment, Major Depressive Disorder, Generalized Anxiety Disorder, medical conditions, etc.). This form is **not used** for those clients with a learning disability. In the case of a learning disability, a psychoeducational assessment report completed by a Registered Psychologist should be provided.

COMPLETED BY CLIENT

Client Information

Last Name	First Name	ATC #
Date of Birth (YYYY/MM/DD)	Phone Number	Trade

Client Consent for Health Practitioner to Release Medical Information

I consent to the release of the following information to Accessibility Services at Saskatchewan Apprenticeship and Trade Certification Commission, and for Accessibility Services to contact the licensed health care professional who completed this form to discuss any information provided.	
Client Signature	Date

COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL

Verification by Licensed Healthcare Professional

Name	Office Stamp, if available:	
Phone Number	Profession	
Signature	Date	

Disability and Functional Limitation Information

<p>NOTES:</p> <p>⇒ Forms that are incomplete or do not include a diagnosis will not be processed.</p> <p>⇒ Learning Disabilities can only be diagnosed by a Registered Psychologist with Authorized Practice Endorsement or a duly qualified medical professional.</p>														
Diagnosis		Date of Diagnosis												
<input type="checkbox"/> Permanent disability (<i>impairment/functional limitation that restricts ability to perform daily activities necessary to participate in post-secondary studies/employment and is expected to remain with the person for life</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Continuous presentation <input type="checkbox"/> Episodic presentation 														
<input type="checkbox"/> Persistent or prolonged disability (<i>impairment/functional limitation that restricts ability to perform daily activities necessary to participate in post-secondary studies/ employment and has lasted or is expected to last, for a period of least 12 months, but is not expected to remain with the person for life</i>)														
<input type="checkbox"/> Temporary disability (<i>may be approved for one level of training/ attempt at certification exam</i>)														
<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe												
<p>Check the areas of difficulty that are a direct result of the disability:</p> <table border="0"> <tr> <td><input type="checkbox"/> Attention/Concentration</td> <td><input type="checkbox"/> Emotion/Stress Management</td> <td><input type="checkbox"/> Sleep</td> </tr> <tr> <td><input type="checkbox"/> Organization</td> <td><input type="checkbox"/> Completion of tasks on time</td> <td><input type="checkbox"/> Chronic Pain</td> </tr> <tr> <td><input type="checkbox"/> Learning/Memory</td> <td><input type="checkbox"/> Listening/Speaking</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Walking/Standing</td> <td></td> </tr> </table>			<input type="checkbox"/> Attention/Concentration	<input type="checkbox"/> Emotion/Stress Management	<input type="checkbox"/> Sleep	<input type="checkbox"/> Organization	<input type="checkbox"/> Completion of tasks on time	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Learning/Memory	<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Other:	<input type="checkbox"/> Reading	<input type="checkbox"/> Walking/Standing	
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<input type="checkbox"/> Learning/Memory	<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Other:												
<input type="checkbox"/> Reading	<input type="checkbox"/> Walking/Standing													

Recommended Accommodation/Supports

Indicate the supports that are necessary to accommodate for the individual's disability.

Exam Accommodation

- Reader for exams
- Extra time on exams
- Quiet space for exams
- Certification Exam in two parts

Academic Support

- Text-to-voice/reading software
- Tutoring, if available
- Options for note-taking support

Other supports recommended:

Please submit this completed form to:

Saskatchewan Apprenticeship and Trade
Certification Commission
Accessibility Services, Innovation & Inclusion Department
603-45th Street West
Saskatoon, SK S7L 5W5
Phone: 306-933-8476 Fax: 306-933-7663
Email: accessibilityservices@gov.sk.ca

Note: The security of information submitted by email cannot be guaranteed. For the greatest security submit documentation by registered mail or drop it off at one of our offices.