Disability Verification Form

To Be Completed by Medical Assessor

Canada

BRITISH COLUMBIA | StudentAidBC

This form is used to verify a Permanent Disability (PD), or Persistent or Prolonged Disability (PPD), for the following StudentAid BC programs - please see links below for additional information and funding eligibility requirements:

- Canada Student Grant for Students with Disabilities (CSG-D)
- Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE)
- B.C. Supplemental Bursary for Students with Disabilities (SBSD)
- B.C. Access Grant for Students with Disabilities (BCAG-D)
- B.C. Access Grant for Deaf Students (BCAG-DS)
- B.C. Assistance Program for Students with Disabilities (APSD)

SUBMISSION INSTRUCTIONS: Students **must** upload a complete, signed copy of this form* to their Student Account > **Forms** tab > Select **Student Forms** > **Standard Forms** > **Disability status application.** Upload the form to the **Upload supporting documents** area.

DO NOT UPLOAD documentation intended for your Disability status application to the **File Uploader** tab of your Student Account main page, as it will not be accepted or processed.

***Students verifying a **Specific Learning Disorder** (formerly Learning Disabilities) **do not** need to complete this form. See Assessor and Documentation Requirements table below indicating Psycho-Educational Assessment requirements instead.

IMPORTANT: This form must be completed by a **qualified medical assessor in Canada** – see table below for more information. Students who have already had their **Permanent Disability (PD)** status verified by StudentAid BC **do not** need to re-verify (submit this form) again. Students with a verified **Persistent or Prolonged Disability (PPD)** will need to re-verify their disability status when they enter loan repayment or experience a break in study that extends greater than 5 years from their original disability assessment.

ASSESSOR AND DOCUMENTATION REQUIREMENTS

Condition	Assessor	Required Documents**
Specific Learning Disorders (Ex: reading, written expression, mathematics impairments - formerly Learning Disabilities)	Registered Psychologist	**Psycho-Educational Assessment** completed: • within the last five years, **or;** • when the student was 18 or older. **Upload to Student Account, accompanying disability application**. Applicants **do not** have to complete this Disability Verification Form.
Visual Conditions	Ophthalmologist, Optometrist or Orthoptist	1) **Disability Verification Form** completed by assessor, and; 2) Copy of most recent **visual acuity report**
Auditory Conditions	Certified Audiologist	1) **Disability Verification Form** completed by assessor, and; 2) Copy of most recent **audiology report**
All Other Disabling Conditions	Qualified medical assessors: Physician, Nurse Practitioner, Psychologist. Must be registered to practice in the Canadian province or territory where the assessment is undertaken.	**Disability Verification Form** completed by a qualified medical assessor.

**StudentAid BC reserves the right to request updated/additional documentation as necessary to establish or re-establish eligibility.

Instructions for the Assessor

Important: This form is designed to gather the information needed to determine the applicant's eligibility for programs funded through StudentAid BC. **Not all medical conditions are considered a disability for the purposes of StudentAid BC funding.** Please ensure your qualifications are appropriate to address the applicant's disability (see Assessor and Documentation Requirements Table on page 1).

Assessors **must**:

- Describe the student's disability and related functional limitation(s) or impairment(s) (providing the specific diagnosis is optional);
- Confirm that the functional limitation(s) associated with the student's disability are expected to be permanent, or persistent or prolonged (see definitions below); and,
- Explain how the functional limitations restrict the student's ability to perform the **daily activities necessary to participate in studies at a post-secondary level or the labour force.**

Please answer all questions and ensure the student's name is shown on each page.

Student Name	
Student Date of Birth (YYYY-MM-DD)	

Primary Disability

Disability Type – Choose only **one**

☐ Mental Health Disorder	☐ Blind or Visually Impaired
☐ Attention Deficit Hyperactivity Disorder (ADHD)	☐ Deaf or Hard of Hearing
☐ Autism Spectrum Disorder (ASD)	☐ Neurological Disability
☐ Physical Disability / Mobility Impairment	☐ Other: _____

Briefly describe the student's primary disability, indicating functional limitation(s) or impairment(s) and how they restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary level.

Is the disability Permanent, or Persistent or Prolonged?

◯ **Permanent Disability (PD):** any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and that **is expected to remain with the person for the person's expected life**.

◯ **Persistent or Prolonged Disability (PPD)**: any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and **has lasted, or is expected to last, for a period of at least 12 months** but is not expected to remain with the person for the person's expected life.

Student Name	
Student Date of Birth (YYYY-MM-DD)	

Primary Disability - Continued

Functional Limitations and Impairments Related to Primary Disability - Please check all that apply.

- ☐ Standing
- ☐ Sitting
- ☐ Walking
- ☐ Using Stairs
- ☐ Attending Classes
- ☐ Lifting/Carrying/Holding/Reaching
- ☐ Handwriting
- ☐ Keyboarding/Typing
- ☐ Taking Notes in Class
- ☐ Reading
- ☐ Vision
- ☐ Hearing
- ☐ Following instructions
- ☐ Organizing Thoughts
- ☐ Speaking/Communicating
- ☐ Focus and Concentration
- ☐ Remembering Information
- ☐ Staying on Task
- ☐ Completing Tasks on Time
- ☐ Other: _____

Secondary Disability (if applicable: otherwise, write N/A)

Disability Type – Choose only **one**

- ☐ Mental Health Disorder
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Physical Disability / Mobility Impairment
- ☐ Blind or Visually Impaired
- ☐ Deaf or Hard of Hearing
- ☐ Neurological Disability
- ☐ Other: _____

Briefly describe the student's secondary disability indicating, functional limitation(s) or impairment(s) and how they restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary level.

Is the disability Permanent, or Persistent or Prolonged? See definitions on previous page.

- ◯ Permanent Disability (PD)
- ◯ Persistent or Prolonged Disability (PPD)

Student Name	
Student Date of Birth (YYYY-MM-DD)	

Secondary Disability - Continued

Functional Limitations and Impairments Related to Secondary Disability

Check all that apply.

- ☐ Standing
- ☐ Sitting
- ☐ Walking
- ☐ Using Stairs
- ☐ Attending Classes
- ☐ Lifting/Carrying/Holding/ Reaching
- ☐ Handwriting
- ☐ Keyboarding/Typing
- ☐ Taking Notes in Class
- ☐ Reading
- ☐ Vision
- ☐ Hearing
- ☐ Following instructions
- ☐ Organizing Thoughts
- ☐ Speaking/Communicating
- ☐ Focus and Concentration
- ☐ Remembering Information
- ☐ Staying on Task
- ☐ Completing Tasks on Time
- ☐ Other: _____

☐ I confirm that the applicant's impairment(s) or functional limitation(s) restrict(s) their ability to perform the daily activities necessary to pursue studies at a post-secondary level or participate in the labour force.

☐ I certify that, to the best of my knowledge, the information provided on this form is current and accurate and that _____ (Student Name) experiences the functional impairments I have indicated.

Certifying Medical Assessor Information

Assessor Name			
Specialty / Occupation		**Stamp (Optional)**	
Registration / Certification #			
Province of Registration			
Telephone			
Email Address			
Mailing Address			
Signature		**Date** (YYYY-MM-DD)	

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, or StudentAidBC@gov.bc.ca.