



University of Wollongong - Student Accessibility and Inclusion Supporting Documentation

Please return this form to student-access@uow.edu.au

The University provides reasonable adjustments for students with disabilities or health conditions in order to reduce the impact of their medical condition on study. To assist the Student Accessibility and Inclusion Service to arrange the most appropriate support, can you please provide the following information in relation to this student. The student's authority to release their health information is provided below.

Authority to Release

Name of Student: _____ Student Number: _____

hereby give authority for
(Practitioner's name)

to release information relating to my disability / medical condition to the Student Accessibility and Inclusion Service at UOW. *All personal information collected by the University will be handled in accordance with its privacy obligations. Further information can be found at: <https://www.uow.edu.au/privacy>*

Student signature: Date:

To be completed by a Health Practitioner	
Medical information	
Diagnosis	
Date Diagnosed	
Type	<input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Chronic Medical Condition <input type="checkbox"/> Neurological & Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Carer of person with a Disability
Severity of condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound

Prognosis 1. (Please tick only one)	Mental Health conditions The student's condition (e.g. Anxiety, Depressive Episode) is expected to: resolve/ improve/ be well managed within (<i>please circle</i>) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date: _____ or The student experiences: <input type="checkbox"/> Multiple recurrent episodes which are expected to impact on their study episodically, but continuously (e.g. Schizophrenia, Bipolar, Major Depressive Disorder)
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OR 2.

Medical Conditions (for Psychiatric diagnosis please complete Mental Health conditions above)

The student's condition is expected to: resolve/ improve/ be well managed within (please circle)

3 months 6 months 12 months

Review date: _____

or The student's condition is:

- Ongoing and stable
- Ongoing and fluctuating
- Ongoing an degenerative

Impact on Study

Please consider the impact of the student's disability/ medical condition on their specific study skills/needs and what supports may be useful in helping them achieve their goals

Cognitive skills (e.g. attention and concentration; planning and organisation; processing skills—auditory and visual; conceptual skills—sequencing and integration; memory; attention, other)

Reading (e.g. standard print; reading from white board/ screens; speed; comprehension; other)

Writing (e.g. physical ability; writing speed; spelling; punctuation; grammar; text organisation; other)

Physical environment (e.g. challenges accessing the physical learning environment)

Other (e.g. understanding spoken language; using spoken language; performing calculations; fine motor skills/manipulating objects; other)

Name of Practitioner: _____

Provider No: _____

Please circle: GP / Specialist / Other Health Professional

Contact details (this may be used to verify information if needed)

Phone: _____ / Email: _____

Signature: _____

Date: _____