

## UOW Disability Service Supporting Documentation

Please return this form to [disability\\_services@uow.edu.au](mailto:disability_services@uow.edu.au)

The University provides reasonable adjustments for students with disabilities or health conditions in order to reduce the impact of the disability on their study.  
To assist the Disability Service to arrange the most appropriate support, can you please provide the following information in relation to this student. Their agreement to release of 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 to the Disability Service at the University of Wollongong.

Student signature: ..... Date: .....

To be completed by a Health Practitioner	
<b>Disability Information</b>	
<b>Diagnosis</b>	
<b>Date Diagnosed</b>	
<b>Disability Type</b>	<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
<b>Severity of condition</b>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound

<b>Prognosis</b> <b>1.</b> <b>(Please tick only one)</b>	<b>Mental Health conditions</b>  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: _____  <b>or</b> 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 and degenerative

**Impact on Study**

Please consider the impact of the student's disability/ medical condition on their specific study skills/needs

**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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_