



Canadian College of **MASSAGE** and Hydrotherapy

SPECIAL ACCOMMODATION REQUEST FORM

Why is this information required?

The Canadian College of Massage & Hydrotherapy (CCMH) uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning.

Excerpts from related Human Rights policies have been inserted below. Please direct any questions you may have regarding your application to the appropriate person below.

Cambridge Campus: ph # 519-650-5533 ext.200; email: tatumj@collegeofmassage.com

Toronto Campus: ph # 416-736-4576 ext.240; email: studentservicesto@collegeofmassage.com

Guidelines on Accessible Education (Ontario Human Rights Commission)

pg 24-25 under Information to be Provided; "While a student seeking accommodation must provide information about his or her disability-related needs, and in some cases may have to provide medical confirmation that a disability exists... There will be some cases, however, where there may be overlap between a description of the student's needs and an actual diagnosis. In these circumstances, it may be necessary for an education provider to require a diagnosis in order to appropriately accommodate a student. "

In the policy on **ableism and discrimination based on disability** (June 2016);

Pg. 41-42 (8.6) Duties and responsibilities in the accommodation process; "The accommodation process is a shared responsibility. Everyone involved should co-operatively engage in the process, share information and consider potential accommodation solutions.

The person with a disability is required to:

- make accommodation needs known to the best of their ability, preferably in writing, so that the person responsible for accommodation can make the requested accommodation
- answer questions or provide information about relevant restrictions or limitations, including information from health care professionals
- take part in discussions about possible accommodation solutions
- co-operate with any experts whose assistance is required to manage the accommodation process or when information is needed that is unavailable to the person with a disability
- meet agreed-upon performance standards and requirements, such as job standards, once accommodation is provided
- work with the accommodation provider on an ongoing basis to manage the accommodation process."

Pg. 45 (8.7) Medical information to be provided – "The provision of medical information by people with disabilities – the type, the scope and to whom – has implications for the privacy of employees, tenants and service users. At the same time, organizations must have enough information to allow them to meet their duty to accommodate."

Protection of privacy

CCMH abides by all Provincial Privacy Acts (PHIPA, PIPEDA, FIPPA). The information on this form is collected for the purpose of providing reasonable and appropriate academic accommodations and supports for students with disabilities.

A student's personal health information is kept strictly confidential. CCMH does not share this information with anyone, including faculty and course instructors.

If you have questions about the collection, use and disclosure of this information by CCMH, contact the Admissions Department.

Cambridge Campus: ph # 519-650-5533 ext 202; email: info@collegeofmassage.com

Toronto Campus: ph # 416-322-1875; email: admissionsto@collegeofmassage.com

Directions for Health Care Professional on completing this form

This form must be based on a current and thorough assessment from an appropriate, registered health care professional qualified to diagnose the condition (family physician, medical specialist, clinical psychologist, etc.). The provision of supplementary documentation from other service providers (e.g. health or educational) is also welcome.

Do not complete this form if you have been diagnosed with a Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD) and/or Autism Spectrum Disorder (ASD). For these, a valid and recent psycho-educational assessment completed by a registered psychologist must be provided.

The student is required to provide CCMH with documentation that is:

- Based on a current, thorough and appropriate assessment;
- Provided by a registered practitioner, qualified to diagnose the condition; and
- Supportive of the accommodations being considered or requested.

All relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to support services while attending college.

Careful completion of all relevant sections also ensures that a student who is currently receiving interim accommodations will have a full and appropriate accommodation and support plan once disability documentation is obtained. (Left in as per Human Rights codes if a student is in the process of establishing care from a Psychiatrist we must be accommodating. This was what I thought would be reasonable. We can always refuse a student in admissions without reason but we cannot say we will not accommodate as it is hard to get into see a Psychiatrist but this can be temporary until documentation is received and must still be supported by something i.e. Dr. note)

Student information:

Name: _____

CCMH ID#: _____

Phone #: _____

Email Address: _____

Part I: Assessment/support history

How long have you provided service to this student? _____

Date of last clinical assessment (mm/dd/yy): _____

Will you continue to provide service(s) to the student while they attend CCMH?

Yes No Unknown

Part II: Confirmation of disability

1. Indicate the appropriate statement for this student in the current academic setting:

Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life

Temporary disability with anticipated duration (mm/dd/yy):

From ____/____/____ to ____/____/____

Unknown status. Indicate reasonable duration for which they should be accommodated and/or supported at this time (mm/dd/yy):

From ____/____/____ to ____/____/____

2. Identify the student's primary disability by selecting the most appropriate from the list provided. If applicable, identify any/all disabilities that co-occur with the primary one.

Nature of disability	Primary disability Check only one	Secondary/tertiary disabilities Check all that apply
Acquired brain injury		
Chronic illness/systemic/medical		
Deaf, deafened, hard of hearing		
Low vision, blind		
Mental-health related disability		
Mobility		
Other*		

*Please Note: For LD, ADHD and/or ASD diagnosis, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided. This form will not be accepted.

3. Complete the following chart to indicate:

a) Diagnosis- A student’s mental health diagnosis is not required to receive accommodations and supports from CCMH but full details of the impact(s) of the mental health disability on the student’s academic functioning must be included. We are not able to force anyone to reveal their diagnosis as per the human rights code.

b) Prognosis – Anticipated duration

Diagnosis	Prognosis

Part III: Treatment

1. Medication(s) and/or treatments that impact academic functioning?

Yes No Not applicable

If yes, describe impact(s): _____

2. Services(s) and/or support(s) recommended for participation in post-secondary academics (i.e. counselling, sign language interpreter, learning strategy support, etc.). Please provide rationale. _____

Part IV: Impact(s) on academic functioning

1. Select **applicable** functional limitation(s); the severity (where ‘1’ has little impact, ‘4’ has severe impact (i.e. the student cannot perform the task independently); and ‘0’ is unable to assess/unknown). Describe the specific impact(s) on academic functioning.

Eg. Functional Limitations	0	1	2	3	4	Impact on academic functioning
e.g. Writing				✓		Student unable to write for longer than 30 minutes due to flare in symptoms
e.g. Attention and concentration					✓	Student loses focus after 15 minutes of sustained attention, sensitive to distraction in the environment, difficulty completing assignments on time
e.g. Managing a full course load				✓		Unable to keep on readings and assignments for four or more courses

Functional limitations on Academic Tasks	0	1	2	3	4	Impact on academic functioning
Listening						
Reading						
Speaking						
Typing						
Writing						

Functional limitations on Cognitive Function	0	1	2	3	4	Impact on academic functioning
Concentration/attention						
Executive functioning (planning, organizing, problem solving, sequencing, time management)						
Information processing						
Long-term memory (recall/retrieve stored information)						
Short-term memory (information stored for about 30 seconds)						

Functional limitations or difficulties with	0	1	2	3	4	Impact on academic functioning
Attending classes regularly						
Fatigue						
Managing a full course load						
Managing stress						
Mood						
Social interactions						

Functional limitations in Physical Activity	0	1	2	3	4	Impact on academic functioning
Gross motor: Lifting over 50 lbs.						
Reaching above shoulders						
Bending						
Fine motor/manual dexterity						
Mobility: Climbing (stairs)						
Mobility: Walking						
Sitting for sustained periods						
Standing for sustained periods						
Other:						

Functional limitations in Sensory Disabilities	0	1	2	3	4	Impact on academic functioning
Vision	Visual acuity loss (best corrected)					
Left eye						
Right eye						
Bilateral						
Hearing	For hearing impairment, also include most recent audiogram. Hearing loss (best corrected)					
Left ear						
Right ear						
Bilateral						
Speech						
Assess on this scale						

2. Use this space to provide any further rationale to explain/list the student's functional limitation(s) related to academic performance and/or to provide any further information:

Part V: Accommodation recommendation(s)

Indicate specific recommendations for academic, placement and/or equipment/software accommodations. Recommendations must include a rationale.

Academic, placement and/or equipment/software accommodation recommendation(s)	Rationale

Part VI: Health care professional

Please print except on signature line.

Name: _____

Date (mm/dd/yy): _____ / _____ / _____

Professional designation: _____

License/registration#: _____

Facility name: _____

Facility address: _____

Office stamp: (Business card or copy of letterhead also accepted)

Signature: _____

Thank you for completing this form with accuracy and careful consideration. The information will facilitate the supports requested by your client while at CCMH.

Note:

Providing false information or altering this form is a violation of CCMH Policy 2.13: Ethical Commitments

OPTIONAL: Release of information to be completed by the student

I, _____ hereby authorize express authority for CCMH Director of Admissions and/or Director of Education to communicate with above named professional to supply additional information relating to the provision of my academic accommodations and disability-related services.

Student signature: _____

CCMH ID #: _____

Date (mm/dd/yy): _____ / _____ / _____

This permission is considered valid for as long as you are a student at CCMH or if you revoke your consent in writing, whichever comes first.