## 

# Trinity Disability Service - Evidence of a Disability Form

## Support for students with disabilities

There are a range of supports available for students with enduring disabilities in Trinity.To access these disability supports Trinity Disability Service require you to submit evidence of your disability. The evidence of disability you provide is used to assess the impact of your disability and ensure you get appropriate support. It will be assessed by Disability professionals in Trinity who have expertise and an in-depth knowledge of the impact of disability in the academic environment.

## Support for students with a temporary disability

Students who experience a temporary disability may avail of temporary exam accommodations if they can provide appropriate medical documentation.

## Evidence of Disability

When submitting your evidence of disability documentation please make sure that it has been completed by the appropriate medical professional for your disability. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided in the table below. (See page 3)

## General Disability Supports

Students who are unable to provide the disability evidence from the source specified in the table below can avail of a general level of disability support (e.g. Exam Accommodations, Academic supports, advice on assistive technology and access to a Disability Officer) by providing evidence of a disability from a General Practitioner or other health professional (e.g. Psychologist). Students with a Specific Learning Difficulty, who do not have a full report from an Educational Psychologist, may present evidence of a history of a specific learning difficulty or receiving educational supports e.g. as part of the DARE Educational Impact Statement or State Examinations Commission letter regarding RACE (Reasonable Accommodations at the Certificate Examinations) accommodations.

## Specialist Disability Supports

Students requesting additional disability supports, such as Assistive Technology or one-to-one Occupational Therapy/Learning support must attend a Needs Assessment meeting with a Disability Officer in Trinity. Students are required to provide the disability documentation as outlined in the table below.

## EU, Visiting or International students

[EU, Visiting or International students](http://www.tcd.ie/disability/prospective/international.php) may register with the Disability Service for general disability supports.

Visiting or International students do not qualify for supports through the Irish HEA [Fund for Students with Disabilities](http://hea.ie/funding-governance-performance/funding/student-finance/fund-for-students-with-disabilities/). Visiting and Study Abroad students are advised make contact Trinity Disability Service in advance of applying for admission to discuss their support requirements.

## Guide to providing evidence of your disability for support in Trinity:

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| **Type of Disability** | **Type of Documentation** | **Appropriate Professional** | **Age Limit** |
| Attention Deficit  Disorder (ADD) /  Attention Deficit  Hyperactivity Disorder  (ADHD). | Evidence of Disability  Form OR  Existing report | A report from an appropriately qualified consultant psychiatrist OR psychologist OR neurologist OR paediatrician providing a diagnosis of ADD/ADHD |  |
| Autistic Spectrum  Disorder (including  Asperger’s Syndrome). | Evidence of Disability  Form  OR  Existing report | A report from an appropriately qualified consultant psychiatrist OR psychologist OR neurologist OR paediatrician providing a diagnosis of ASD |  |
| Blind/Vision Impaired | Evidence of Disability  Form  OR  Existing report.  N.B. Evidence from high  street retailers not acceptable. | A report from one or more of the following:   * ophthalmologist/ophthalmic surgeon providing a diagnosis of severe reduction in vision that cannot be corrected with standard glasses or contact lenses. The diagnosis must be in relation to best-corrected visual acuity or field of vision * a letter from the National Council for the Blind of Ireland confirming registration * a letter from the principal from a school for the blind confirming attendance |  |
| Deaf/Hard of Hearing: | Evidence of Disability  Form  OR  Existing report  N.B. Evidence from high  street retailers not acceptable. | A report from one or more of the following:   * an audiogram from a professionally qualified audiologist and/or ENT consultant, indicating moderate to profound bilateral hearing loss (i.e. above 40dB) * a letter from the principal from a school for the deaf confirming attendance |  |
| Developmental Co-  ordination Disorder  (DCD) - Dyspraxia/  Dysgraphia. | Evidence of Disability  Form  OR  Existing report | A report from a psychologist OR an occupational therapist OR neurologist diagnosing developmental co-ordination disorder (dyspraxia) OR Physiotherapist |  |
| Intellectual Disability | Evidence of Disability  Form  OR  Existing report from relevant Specialist | Relevant Specialist |  |
| Mental Health  Condition | Evidence of Disability  Form | A report from a consultant psychiatrist OR specialist registrar | Less than five years |
| Neurological Condition  (incl. Epilepsy and  Brain Injury). | Evidence of Disability  Form  OR  Existing report | Neurologist  OR  Other relevant Consultant |  |
| Physical disability/Mobility | Evidence of Disability  Form  OR  Existing report | A report from an orthopaedic consultant OR other relevant specialist diagnosing a significant physical or mobility difficulty |  |
| Significant ongoing illness | Evidence of Disability  Form  OR  Existing report | A report diagnosing a significant ongoing illness such as:   * Diabetes type 1 – endocrinologist OR paediatrician * Cystic fibrosis – consultant respiratory physician OR pediatrician * Gastroenterology condition – gastroenterologist * Other – consultant OR consultant registrar | Less than five years |
| Speech and Language  Communication  Disorder  Including  (but not exclusively) Stammering; Receptive and/or Expressive Language Disorders;  Unintelligibility due to a phonological disorder, articulation disorder associated with structural anomalies;  Acquired communication disorders such as Aphasia, Anomia, Dysarthria, Dyspraxia resulting from neurological conditions, or any Neurodegenerative, or genetic disease associated with impaired communication and social interaction) | Evidence of Disability  Form  OR  Existing report | A report from a Speech and Language Therapist |  |
| Specific Learning  Difficulty (incl.  Dyslexia &  Dyscalculia) | A full Psychological Assessment Report. In the case of older reports **additional evidence** of relevant attainment scores or a communication from the State Examinations Commission regarding RACE can be submitted to support your application. Such information is available within the DARE Educational Impact Statement completed by schools. | The report of a psycho-educational assessment by a psychologist OR by an assessor (PATOSS accredited) diagnosing a specific learning difficulty  Students may be asked for  their latest assessment scores/educational  reports to assist HEIs in determining  the appropriate level of support  All tests used in the assessment must be valid, reliable and age appropriate  The CAO/DARE evidence of disability form is **not** acceptable as the primary evidence of disability for this category of disability |  |

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| Instructions for Completion:  * A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form (please refer to Instructions for Completion of Application Form). * This form must be stamped. * All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a recent Educational Psychologist’s report.   **Please complete ALL sections below in TYPE or BLOCK capitals:** | |
| **1** | **Student Details** |
| |  | | --- | | Name of student: | | Date of Birth: | | Phone Number: | | Trinity Student Number: | | |
| **2** | **Qualified GP/ Health Professional/Specialist** |
| |  |  | | --- | --- | |  | Name, Title of **Consultant/Specialist:** | | Phone (including area code): | | Position/Professional Credentials: | | Date of Report: | | |
| **If you are a GP or other health professional (not a Consultant or Specialist), please tick the relevant box below:**  I have a diagnosis on file from the appropriate consultant/specialist named above:  **N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.**  OR  I can confirm that I have diagnosed this person with a disability e.g. depression/acute anxiety:  **The GP or other health professional should now complete sections 3-7 as appropriate.** | |

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| --- | --- |
| **3** | **Disability Information (to be completed by qualified health professional)** |
| **Disability type (please tick)**  ADD/ADHD Autism Spectrum Disorder Blind/visual impairment  Deaf/Hard of Hearing DCD/Dyspraxia/Dysgraphia intellectual Disability  Mental Health Condition Neurological Condition Physical Disability/Mobility  Speech and Language Significant ongoing illness Specific Learning Difficulty Communication Disorder    Please state the specific name of the Disability  Date of Diagnosis/Onset of Disability | |
| **4** | **Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.** |
| Duration: Ongoing/Permanent Temporary Fluctuating | |
| **5** | **How does the disability/medical condition impact on the students’ ability to study and participate (example, fatigue, concentration, pain, etc.)?** |
|  | |
| **6** | **Please describe measures currently being taken to treat the disability (e.g. medication, therapy).** |
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| **7** | **What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?** |
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| **8** | **Where a Consultant has completed this form, Consultant must complete the details below:** |
| Consultant’s Signature. DATE: ­­\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Name of Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Official Stamp:** This form must be completed and signed by the  appropriate professional. In addition it should be stamped or  accompanied by a business card or headed paper.  **Official Stamp:** If a stamp is not available, this form should be  accompanied by a business card or headed paper. | |
| **9** | **Where a GP or Health Professional has completed this form, GP/Health Professional must complete the details below:** |
| Signature.  GP /Health Professional  DATE: ­­\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  IMC Number:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Name of GP/Heath Professional :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Official Stamp:** This form must be completed and signed by the  appropriate professional. In addition it should be stamped or  accompanied by a business card or headed paper.  **Official Stamp:** If a stamp is not available, this form should be  accompanied by a business card or headed paper. | |