Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Trinity disAbility Hub

EVIDENCE FOR DISABILITY SUPPORT FORM

Student Details

Full Name:	Phone Number:
Date of Birth:	Student Number

Medical / Mental Health Professional

Full Name:	Phone Number:
Date of Report:	Credentials:

What is the disability / medical condition that the student is reporting?

Is the reported condition / difficulty:

☐ Formally diagnosed ☐ Assessment in progress ☐ Self-identified

What is the impact of the difficulty on the student's ability to study and participate (e.g. fatigue, concentration, pain etc.)

Please briefly describe the course and presentation of the difficulties

Please describe measures currently being taken (medication, therapy etc)

Do you have any recommendations for the type of disability support this student would benefit from?

Signature of Medical / Mental Health Professional

Please see www.tcd.ie/disability/current/RAApplication.php for more information on evidence of disability