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

Trinity disAbility Hub

EVIDENCE OF DISABILITY FORM

Student Details

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

Medical Professional

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

Disability Type

- ☐ ADHD
- ☐ Autism
- ☐ Blind/Visual Impairment
- ☐ Deaf/Hard of Hearing
- ☐ DCD/Dyspraxia/Dysgraphia
- ☐ Mental Health
- ☐ Neurological Condition
- ☐ Physical
- ☐ Significant Ongoing Illness
- ☐ Specific Learning Difficulty
- ☐ Speech/Language Disorder

Describe the course of the condition i.e. may have periods of relapse/remission, may deteriorate, will remain static.

- ☐ Fluctuating
- ☐ Temporary
- ☐ Ongoing/Permanent

How does the disability/medical condition impact on the student's ability to study and participate (e.g. fatigue, concentration, pain etc.)

Please describe measures currently being taken to treat disability (medication, therapy etc.)

What recommendation would you make for reasonable accommodation to enable equal participation in Higher Education?

Signature of Medical Professional and Stamp