

The Student Access Centre staff are responsible for assessing the needs of students with disabilities and providing them with accommodations and services, when required, to facilitate their integration and academic progress.

This form is intended to be completed by a Québec health professional qualified pursuant to Bill 21.

The information requested on this form will be used to carry out this rigorous assessment of the student's needs in connection with a request for accommodation for a service dog or emotional support animal. It is therefore important that the form be completed in its entirety so that the appropriate department can properly analyse the accommodation request.

IDENTITY OF THE STUDENT	
Last name and first name:	
Date of birth:	

DIAGNOSIS OR DIAGNOSTIC EVALUATION	
What is the primary diagnosis or diagnostic assessment outcome:	
Date of diagnosis or diagnostic assessment outcome:	
Other diagnoses or diagnostic assessment outcomes:	
This diagnosis or diagnostic assessment outcome is:	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
Can you say that this person's diagnosis or diagnostic assessment outcome results in significant and persistent limitations in the performance of his or her daily activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify, if needed:

DIAGNOSIS OR DIAGNOSTIC ASSESSMENT (CONTINUED)

Specify the degree of severity of the diagnosis or diagnostic assessment outcome:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not applicable
Does the student take medication that causes side effects that impact on daily functioning:	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify the effects:
What functional limitations related to the diagnosis or diagnostic assessment does the student have:	Attention/ concentration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Organisation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Planning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Inhibition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Mental flexibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Discernment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Self-criticism: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Visuospatial functions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Sensorial perceptions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Communication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Speaking/listening: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Writing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Spelling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Math: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Memory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Fine and gross motor skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Information processing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Controlling anxiety: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Interpersonal relations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Managing emotions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Fatigability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Other functional limitations:	

DIAGNOSIS OR DIAGNOSTIC ASSESSMENT (CONTINUED)

What accommodations have already been put in place for the student?	Academic intervention plan: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Accommodation in a workplace or internship setting: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Accommodation in a residential setting: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Emergency evacuation protocol: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Crisis intervention protocol: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Service dog or emotional support animal: <input type="checkbox"/> Québec <input type="checkbox"/> No <input type="checkbox"/> Don't know

HOW DOES THE ANIMAL HELP TO COMPENSATE FOR THE STUDENT'S FUNCTIONAL LIMITATIONS?

WHAT ARE THE BENEFITS OBJECTIFIED BY THE PRESENCE OF THE ANIMAL?

PROFESSIONAL'S IDENTITY AND SIGNATURE

_____	_____	_____
First name and name	Professional licence number	Profession
_____	_____	
Name of office	Office address and phone number	
_____	_____	
Signature	Date	