

**To be completed by a Health Practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA) or an equivalent (international), specifically in relation to the nature of the student's disability or medical/health condition in relation to their study.**

This information is requested to provide a service and adjustments to minimise the impact of the student's disability on study. Reasonable adjustments must maintain the academic integrity and any Inherent Requirements of the program. Details provided in this document remain confidential by the Access and Inclusion Service and are not shared without your permission unless there is a legal requirement to do so.

Note: students diagnosed with a **Specific Learning Disability, Autism Spectrum disorder or Attention Deficit / Hyperactivity Disorder** are required to provide a copy of a recent assessment completed by a clinical psychologist, educational psychologist or psychiatrist.

**Submit the completed form to [inclusion@adelaide.edu.au](mailto:inclusion@adelaide.edu.au)**

**To be completed by student – (Authority of Provision of Information)**

Student Name:	Student ID Number:
I hereby authorise the health practitioner to release the information below and, in any attachments relating to my disability and/or health condition, to the Access and Inclusion service at Adelaide University. I also authorise Adelaide University to seek further information from the practitioner or provider if necessary.	
Student Signature:	Date:

**To be completed by Health Practitioner – I declare that I am not a close relative or associate of this student.**

Name		Practitioners Stamp
Profession		Signature _____ Date _____

**Disability type**

<input type="checkbox"/> Physical/Mobility	<input type="checkbox"/> Other
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Other Neurological condition	

**a) The student's condition** (e.g. medical/physical condition, anxiety, depressive episode) is expected to:

resolve       improve       be well managed

Within:  3 months       6 months       12 months      Review date: \_\_\_\_\_ **OR**

**b) The student experiences:**  Multiple recurrent episodes which are expected to impact on their study episodically, but continuously (e.g. Schizophrenia, Bipolar, Major Depressive Disorder)

**c) The student's condition is:**  Ongoing and stable  Ongoing and fluctuating  Ongoing and degenerative

**d) Does the student have a current mental health care plan?** YES  NO

**Primary Carer**

The student has primary care responsibilities for a person with a disability or medical condition.

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<b>Impact on Study:</b> Please consider the impact of the student's disability/condition on their specific study skills/needs.
<b>Cognitive skills</b> (e.g., attention and concentration; planning and organisation; processing skills – auditory and visual; conceptual skills; memory; other)
<b>Reading</b> (e.g., reading from a computer screen or alternative printed paper; reading from a white board; speed; comprehension; other)
<b>Writing/Typing</b> (e.g., physical ability writing/typing speed; spelling; punctuation; grammar; text organisation; other)
<b>Physical environment</b> (e.g., using stairs, sitting tolerance standard acoustics; moving between venues on campus; other)
<b>Impact on Attendance, Participation and Assessable Work:</b> Please consider the impact of the student's disability/medical condition on their attendance, participation, and ability to complete assessable work within the required timeframes.
<b>Attendance and participation:</b> Some courses have mandatory/compulsory (in-person) attendance/participation requirements (incl group work/presentations). An Access Plan may assist a student to negotiate occasional absences from non-compulsory classes. Course Coordinators may require students to complete other tasks in lieu of missed work.
<b>If the student requires adjustments relating to attendance or participation, please explain why.</b>
<b>Working in groups, presentations to peers, collaborating with others:</b> <b>If adjustments are needed, please explain the reason.</b>
<b>Ability to complete assessments within course time frames:</b> Students may be able to negotiate short extensions, depending on specific course requirements. Longer extensions may be considered in <i>extenuating circumstances</i> and may require additional documentation. Extensions must be requested before the assignment due date.
<b>If the student requires extension/s for assignments, please explain why.</b>
<b>Alternative exam arrangements (AEA) on Exams/ Tests/ Quizzes:</b> (e.g. extra time per hour; breaks; medication; drink other than water; use of a computer/ergonomic furniture; smaller group venue; medical equipment).
<b>Please list recommended adjustments to exams.</b>
<b>Does the student require specific equipment, furniture, or adaptive software on campus?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, what is required?</b> _____
<b>Does the student require specific planning for placement?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, what is required?</b> _____

**Other comments:**

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**Thank you for your assistance with providing this information.**