

Personal Details

Student name	Student ID number
Email	Phone

Consent to Release/Exchange Information

I do do not
 Give authority for Southern Cross University Student Equity & Inclusion to contact my health professional (details below), regarding documentation and the nature of my disability/medical condition, and also for my health professional to contact Southern Cross University Student Equity & Inclusion regarding documentation and the nature of my disability/medical condition.

Student's Signature _____ Date _____

Practitioner's Details

Name	Provider number
Practice name	Phone
Practice address	
Practitioner's Signature	Date

Disability/Health Condition details

Diagnosis:

Is this diagnosis provisional? Yes No

Duration: Temporary Ongoing – continuous Ongoing – episodic Permanent

Estimated time that the student's disability/medical condition will require adjustments:

 Six weeks Six months One year Two years Permanently

Treatment/Intervention Plan:

Please provide details including any medications and side effects:

How many times has this student been seen at your practice during the past 12 months (including to complete this paperwork)?

Impact of Disability/Health Condition on Academic Study

	Mild	Moderate	Severe	Not Applicable
Concentration/attention				
Focus				
Endurance/fatigue				
Information processing				
Memory				
Planning and organisation				
Time management				
Problem solving				
Motivation				
Social withdrawal				
Stress tolerance				
Decision making				
Procrastination				
Thought processes				
Avoidance				
Frequent illness				
Disrupted sleep				
Mood stability				
Emotional regulation				
Impulse control				
Panic attacks				
Gross motor skills				
Fine motor skills				
Pain management				
Coordination				
Seizures				
Walking				
Sitting				
Standing				
Lifting				
Driving				
Handwriting				
Typing				
Mobility				
Speech				
Oral presentations				
Group presentations				
Vision				
Hearing				
Tactile function				
Reading				

	Mild	Moderate	Severe	Not Applicable
Spelling				
Writing				
Verbal reasoning				
Comprehension				
Abstract/conceptual reasoning				
Verbal processing				
Working memory				
Phonological processing				
Numerical reasoning				

Please provide any additional information on the impacts of the student's condition on their studies (for example, when the condition affects the student, what triggers or exacerbates the condition, how frequent the symptoms are etc):

Optional Safety Plan – (for students with medical conditions such as epilepsy or serious psychiatric conditions)

Full name	Student ID number
Warning signs	
Student self-management or prophylactic	
Emergency contacts	