

Evidence of a Disability Form 2018/19

Evidence of a disability is required to support the provision of any reasonable accommodations at Maynooth University. Students who do not have appropriate evidence of their disability should forward this 'Evidence of Disability Form' to their Medical Consultant / Specialist to be completed.

When submitting your evidence of disability documentation to the Maynooth University Disability Office, please make sure that it has been completed by the appropriate medical professional for your disability. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided in the table below.

Support for Students with Disabilities

There are a range of supports available for students with enduring disabilities in Maynooth University. To access these disability supports we require you to submit evidence of your disability. The evidence of disability you provide is used to assess the impact of your disability and ensure you get appropriate support. It will be assessed by professionals in our institution who have expertise and an in-depth knowledge of the impact of disability in the academic environment.

EU, Visiting or International Students

EU, Visiting or International students may register with the Disability Service for supports, see general admission and support information at [the International Office](#). EU, Visiting or International students do not qualify for supports through the Fund for Students with Disabilities, and are advised to consult www.studentfinance.ie

List of Accepted Medical Consultants/ Specialists

Type of Disability	Type of Documentation	Appropriate Professional	Age of Report
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician	Must be less than three years old i.e. dated after 1 February 2013.
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician	No age limit
Blind/Vision Impaired	Evidence of Disability Form OR Existing report. N.B. Evidence from high street retailers not acceptable.	Ophthalmologist OR Ophthalmic Surgeon OR Letter from the National Council for the Blind confirming registration with the council. OR If a student has attended a school for the Blind, a letter on headed notepaper signed by the principal which confirms attendance at the school. The evidence of disability must confirm that: The Best Corrected Visual Acuity is equal to or less than 6/24 (Snellen) in one eye OR Near Vision N18 or less in one eye. OR The Peripheral Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g. Homonymous Hemianopia. OR The Central Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g. Stargardt's Disease OR Cortical visual impairment as part of a brain insult resulting in an inability to process visual information	No age limit

Type of Disability	Type of Documentation	Appropriate Professional	Age of Report
Deaf/Hard of Hearing:	Evidence of Disability Form OR Existing report N.B. Evidence from high street retailers not acceptable.	An audiogram from a professionally qualified Audiologist and/or ENT Consultant, with signature, clearly indicating moderate to profound bilateral hearing loss (i.e. above 40dB). OR If a student has attended a school for the Deaf, a letter on headed notepaper signed by the principal which confirms attendance at the school.	No age limit
Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.	Full psycho-educational assessment AND Evidence of Disability Form OR Existing report	Psychologist AND Occupational Therapist OR Neurologist OR Chartered Physiotherapist	No age limit
Mental Health Condition	Evidence of Disability Form completed no more than 5 years before point of Needs Assessment. OR Existing report which must be no older than 5 years at point of Needs Assessment.	Consultant Psychiatrist	Must be less than five years old i.e. must be dated after 1 st February 2013.
Neurological Condition (incl. Epilepsy and Brain Injury).	Evidence of Disability Form OR Existing report	Neurologist OR Other relevant Consultant	No age limit
Physical disability	Evidence of Disability Form OR Existing report	Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/ condition	No age limit

Type of Disability	Type of Documentation	Appropriate Professional	Age of Report
Significant ongoing illness	Evidence of Disability Form no more than 5 years before point of Needs Assessment. OR Existing report which must be no older than 5 years at point of Needs Assessment.	Diabetes Type 1: Endocrinologist OR Paediatrician. Cystic Fibrosis (CF): Consultant Respiratory Physician OR Paediatrician. Gastroenterology Conditions: Gastroenterologist. Other Conditions: Relevant Consultant/ Specialist in area of condition	Must be less than five years old i.e. must be dated after 1 st February 2013.
Speech and Language Communication Disorder	Evidence of Disability Form OR Existing report	Speech and Language Therapist	No age limit
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	A full Psychological Assessment Report. <u>In the case of older reports</u> additional evidence of relevant attainment scores or a communication from the State Examinations Commission regarding RACE will be required. Such information is available within the DARE Educational Impact Statement completed by schools.	Psychologist	No age limit

Evidence of Disability Instructions for Completion

- A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form (please refer to Instructions for Completion of Application Form).
- This form must be stamped.
- All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a recent Educational Psychologist's report.

Please complete ALL sections below in TYPE or BLOCK capitals:

1 Student Details

Name of student:

Date of Birth:

Phone Number:

[Insert HEI] Student Number:

2 Qualified Health Professional/Specialist

Name, Title of **Consultant/Specialist**:

Phone (including area code):

Position/Professional Credentials:

Date of Report:

If you are a GP or other health professional (not a Consultant or Specialist), please tick the box below:

I have a diagnosis on file from the appropriate consultant/specialist named above:

N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.

The GP or other health professional should now complete sections 3-7 as appropriate.

3 Disability Information (to be completed by qualified health professional)

Disability type (please tick)	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>
Blind/visual impairment	<input type="checkbox"/>	Deaf/Hard of Hearing	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Speech and Language Communication Disorder	<input type="checkbox"/>	Significant ongoing illness	<input type="checkbox"/>	Specific Learning Difficulty	<input type="checkbox"/>

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability

4 Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.

Duration: Ongoing/Permanent Temporary Fluctuating

5 How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?

6 Please describe measures currently being taken to treat the disability (e.g. medication, therapy).

7 What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?

8 Where a Consultant has completed this form, Consultant must complete the details below:

Consultant's Signature.

DATE: ____/____/____

Name of Consultant: _____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.

9 Where a GP has completed this form, GP must complete the details below:

GP's Signature.

DATE: ____/____/____

IMC Number:

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Name of GP: _____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.