

University College Cork (UCC) Access UCC, Disability Support

Evidence of a Disability Form

Who should submit this form for assessment by Disability Support?

This form should only be completed on behalf of a student who wishes to be assessed by Disability Support to determine possible access to available general disability supports. **Students who have already submitted documentation regarding evidence of a disability should not complete or submit this form.**

If you have been educated in Ireland, and you have one (or more) of the following;

- an Assessment of Need from secondary school; and/or
- School statement; and/or
- Race Accommodations for the Leaving Certificate; and/or
- Evidence of Disability outlined in the following link [Guide to Providing Evidence of Your Disability](#)

then simply exit this form and submit your documentation (as listed above) via your student portal [Link STUDENT PORTAL](#)

EU, Visiting or International students

EU, Visiting or International students may register with Disability Support for general disability supports. Visiting and Study Abroad students are advised to make contact UCC Disability Service by email at dssinfor@ucc.ie in advance of applying for admission to discuss their support requirements.

This form should be completed for a student by a **GP / Health Professional / Specialist** where the student has a disability/ learning difference/significant ongoing health condition.

Purpose of this Form

There are a range of possible supports available for students with disabilities/ learning difference/significant ongoing health conditions in UCC.

To access available supports, UCC Disability Support requires students to submit accepted evidence of your disability/ learning difference/significant ongoing health condition. This evidence of disability form is used to assess the impact of your disabilities/ learning difference/significant ongoing health conditions and to make certain general disability supports available to you.

The completed form will be reviewed by Disability Support professionals in UCC who have expertise and knowledge of the impact of disability in the academic environment.

General Disability Supports

Students who come to UCC and are unable to provide the disability evidence outlined in page 1 or outlined here [Evidence of Disability](#) can avail of a general level supports (e.g. Exam Accommodations, Academic supports, advice on Assistive Technology and access to a Disability Advisor) by providing this completed Evidence of Disability Form, from one of the following; a **GP/Health Professional/Specialist** (e.g. Psychologist).

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Instructions for Completion:

- A GP / Health Professional / Specialist must complete this form.
- This form must be stamped/ accompanied by headed paper.
Applicants must arrange for this form to be completed on their behalf by one of the following persons; a GP / Health Professional / Specialist

Please complete ALL sections below in TYPE or BLOCK capitals:

1. Student Details

Name of Student:

Date of Birth:

Phone Number:

Student Number:

2. GP/Health Professional/Specialist

Name, Title of GP/Health Professional/Specialist:

Address:

Phone (including area code):

Position/Professional Credentials:

Date of Report:

The GP or other Health Professional or Specialist should now complete section 3-7 as appropriate.

3. Disability Information to be completed by the GP/Health Professional/Specialist

In my opinion, the student presents as being impacted by the following disability type (please tick)

ADD/ADHD	Autism Spectrum Disorder	Blind/Visual Impairment
Deaf/Hard of Hearing	DCD/Dyspraxia/Dysgraphia	Physical Disability/Mobility
Mental Health Condition	Neurological Condition	Significant Ongoing Illness
Specific Learning Difficulty	Speech and Language	Dyslexia/Dyscalculia
Communication Disorder		

If not indicated above, please outline the disability/ learning difference /significant ongoing health condition that the student presents as being impacted by:

Date of onset of the above impact:

Has the student been referred to a Consultant of Expert Specialist for a diagnosis? Yes No

If so, please provide the date of referral:

4. In your opinion, please briefly describe the anticipated course of condition, i.e. will remain static, may have periods of relapse/remission, may deteriorate.

Duration: Ongoing/Permanent Temporary Fluctuating Relapse/Remit

5 In your opinion, how does the reported impact of the disability/ learning difference/significant ongoing health condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.) in Higher Education?

6. Please describe any measures currently being taken to treat the reported impact of the disability/ learning difference/significant ongoing health condition (e.g. medication, therapy).

7. the GP/Health Professional/Specialist must complete the details below:

Name of GP/Health Professional/Specialist:

Signature:

Date:

IMC Number: