



lyit

Institiúid Teicneolaíochta Leitir Ceanainn  
Letterkenny Institute of Technology



## Evidence of a Disability Form

### Support for students with disabilities

There are a range of supports available for students with disabilities in LYIT. To access these supports we require you to submit evidence of your disability (that you've completed for your CAO application) and attend a Needs Assessment meeting. The evidence of disability you provide is used to confirm your diagnosis and to help us with assessing the impact of your disability as part of the Needs Assessment process.

### Evidence of Disability

When submitting your evidence of disability documentation please make sure that it has been completed by the appropriate medical professional for your disability. Alternatively you may ask your GP to complete the form verifying they have documentation from the appropriate professional on file – a copy of this must be attached to the form. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided in the table below. This specific documentation is for LYIT to apply to the 'ESF Fund for Students with Disabilities' to provide funding for your supports. If you do not have documentation from the listed professional, or the documentation is older than the time limit specific, you may still be able to avail of general disability support which does not require additional funding (e.g. Exam Accommodations, access to Maths Learning Centre, access to Communications Learning Centre and advice on assistive technology). Students may, depending on their disability, be able to provide documentation from another source e.g. General Practitioner or other health professional (e.g. counsellor). If you are unsure about the documentation you require please don't hesitate to contact us.

## EU, Visiting or International students

EU, Visiting or International students may register with the Disability Service for general disability supports. Visiting and Study Abroad students are advised to contact us in advance of applying for admission to discuss their support requirements.



## Guide to providing evidence of your disability for support in LYIT

Type of Disability	Type of Documentation	Appropriate Professional
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
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. In the case of an Ophthalmologist/Ophthalmic Surgeon the evidence of disability should provide a diagnosis of severe reduction in vision that

		cannot be corrected with standard glasses or contact lenses, thereby reducing the person's ability to function at certain or all tasks. The diagnosis of a reduction in vision must be in relation to Best Corrected Visual Acuity or Field of Vision.
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.
Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.	Full psycho-educational assessment AND Evidence of Disability Form OR Existing report	Psychologist <b>AND</b> Occupational Therapist OR Neurologist OR Chartered Physiotherapist
Mental Health Condition	Evidence of Disability Form completed <b>no more than 5 years</b> before point of Needs Assessment. OR Existing report which must be <b>no older than 5 years</b> at point of Needs Assessment.	Consultant Psychiatrist OR Specialist Registrar.
Neurological Condition (incl. Epilepsy and Brain Injury).	Evidence of Disability Form OR Existing report	Neurologist OR Other relevant Consultant
Physical disability	Evidence of Disability Form OR Existing report	Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/condition

Significant ongoing illness	Evidence of Disability Form <b>no more than 5 years</b> before point of Needs Assessment. OR Existing report which must be <b>no older than 5 years</b> 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
Speech and Language Communication Disorder	Evidence of Disability Form OR Existing report	Speech and Language Therapist
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	A full Psychological Assessment Report which contains relevant attainment scores.  The report should be <b>no older than five years</b> from the date of needs assessment. If the tests referred to in the report have clearly been conducted using Adult Scales, then the five year time limit will not apply.	Psychologist

**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 the table above).
- This form must be **stamped and signed**.
- If you have an existing report (as outlined above) you do not also require this form to be completed.
- If you are unsure about the documentation you require please don't hesitate to contact us.

**Please complete ALL sections below in TYPE or BLOCK capitals:**

**1 Student Details**

Name of student:
Date of Birth:
Phone Number:
LYIT Student Number:

**2 Qualified Health Professional/Specialist**

Name, Title of <u>Consultant/Specialist</u> :
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 relevant 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.**

OR

I can confirm that I am treating this person for the condition described on this form  
e.g. depression/acute anxiety:

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

<b>Disability type (please tick)</b>	<input type="checkbox"/>	ADD/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 How does the disability/medical condition impact on the student's ability to study and participate (example, fatigue, concentration, pain, etc.)?**

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

**6 What recommendations would you make for Reasonable Accommodations to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?**

**7 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.

**8 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.