

Support for students with disabilities

There are a range of accommodations and supports available for students with disabilities in UCD. To access these supports, UCD Access and Lifelong Learning (UCD ALL) require you to submit evidence of your disability and attend a Needs Assessment meeting. The Evidence of Disability you provide is used to confirm the nature of your disability and to help us with assessing the impact on your college activities as part of the Needs Assessment process. It is also required by our funding body (Fund for Students with Disabilities - FSD) who provide funding for many of the supports and services we offer students with disabilities. Please refer to the [UCD ALL Disability Support Privacy Statement](#) which provides full details of the legal basis and methods UCD ALL use to collect, store and process this data and your individual rights under General Data Protection Regulation (GDPR).

Evidence of Disability

Evidence appropriate for FSD-funded supports:

Students must provide **one** of the following as evidence of their disability:

- A signed existing report or letter from relevant consultant or specialist (see table below for appropriate medical professional for your disability type). This report **must** be on headed paper or be accompanied by a business card.
- A completed and signed Evidence of Disability form from the relevant consultant or specialist.
- A completed and signed Evidence of Disability form from a GP verifying that they have a diagnosis on file from the relevant consultant or specialist (a copy of this diagnosis must also be provided).

GP-only evidence*:

- Students with a disability, who are not in the care of a consultant or specialist but whose GP or other health professional (e.g. a qualified therapist /counselor), can ask their treating physician to complete the Evidence of Disability form in the case where the treating physician has provided a diagnosis themselves. In this case the student will be eligible for general supports (e.g. exam accommodations) but may not be eligible for supports that require additional funding (e.g. Assistive Technology).

* = Please note that GP-evidence only evidence cannot be accepted for students registering with Specific Learning Difficulty, ADD/ADHD, ASD or dyspraxia/Developmental Coordination Disorder. If you are registering for supports with any of these disabilities, we will require full evidence of disability as outlined below. If you are unsure about the documentation you require please don't hesitate to contact us by emailing disability@ucd.ie.

EU, Visiting or International Students

EU, Visiting or International students may also receive disability supports and accommodations in accordance with the national legislation and best practice in Ireland. EU, Visiting and Study Abroad students are advised to contact us in advance of accepting their offer to discuss their support needs and the appropriate supports offered by UCD (as these may differ from those provided in your home country). You can find more information on our [website](#) and can contact us by emailing disability@ucd.ie. Please note that the evidence of disability must be provided in English, and if not originally in English must be translated by a professional translator.

Guide to providing evidence of your disability for support in UCD

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/Visual Impairment	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 diagnostic report	Psychologist OR Occupational Therapist OR Neurologist OR Paediatrician
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 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 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 Registrar 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 Psycho-educational Assessment Report which contains relevant attainment scores and clearly diagnoses a Specific Learning Difficulty	Psychologist OR An assessor who is accredited by PATOSS

Guide for providing existing reports

If you are providing an **existing report** from your Medical Consultant / Specialist (as per the table above), please ensure the following:

- Report is on **headed paper**. Otherwise, the report should be **accompanied by a business card**.
- Report is **signed by the Medical Consultant / Specialist**. Electronic signatures can be accepted. Typed signatures cannot be accepted. Per procurationem signatures (i.e., pp signatures) cannot be accepted.
- If the report is in a language other than English, the report will need to be **professionally translated**.

Instructions for Completion:

1. Who should fill out this form?

- A relevant Medical Consultant / Specialist who has the training and experience with the condition / disability must complete this form (please refer to the table above)
OR
- another health professional who either has a diagnosis on file from a consultant or specialist or can confirm that they are treating you for the disability they describe on the form.

2. This form must be **stamped and signed**. Electronic signatures can be accepted. Typed signatures cannot be accepted. Per procuratorem signatures (i.e., pp signatures) cannot be accepted.

3. If you have an existing report (as outlined above) you do not also require this form to be completed.

Note: If you are unsure about the documentation you require please don't hesitate to contact us at disability@ucd.ie

Please complete ALL sections below in TYPE or BLOCK capitals:

1 Student Details

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

2 Qualified Health Professional/Specialist

Name, Title of <u>Qualified Health Professional/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 disability described on this form
(e.g. depression/acute anxiety):

☐

3	Disability Information (to be completed by qualified health professional)																										
<p>Disability type (please tick)</p> <table border="0"> <tr> <td>ADD/ADHD</td> <td><input type="checkbox"/></td> <td>Autism Spectrum Disorder</td> <td><input type="checkbox"/></td> <td>Blind/Visual Impairment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deaf/Hard of Hearing</td> <td><input type="checkbox"/></td> <td>Dyspraxia</td> <td><input type="checkbox"/></td> <td>Mental Health Condition</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neurological Condition</td> <td><input type="checkbox"/></td> <td>Physical Disability</td> <td><input type="checkbox"/></td> <td>Significant Ongoing Illness</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Speech and Language Communication Disorder</td> <td><input type="checkbox"/></td> <td>Specific Learning Difficulty</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>Please state the specific name of the Disability <input type="text"/></p> <p>Date of Diagnosis/Onset of Disability <input type="text"/></p>				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"/>	Significant Ongoing Illness	<input type="checkbox"/>	Speech and Language Communication Disorder	<input type="checkbox"/>	Specific Learning Difficulty	<input type="checkbox"/>		
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4	How does the disability/medical condition impact on the student's ability to study and participate (e.g. fatigue, concentration, pain, etc.)?																										
5	Please describe measures currently being taken to treat the condition (e.g. medication, therapy, etc.)																										
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**.