



**CARLOW  
COLLEGE**  
ST. PATRICK'S

## **CARLOW COLLEGE, ST. PATRICK'S**

### **Evidence of a Disability Form**

Carlow College, St. Patrick's (hereafter Carlow College) requires evidence of a disability or learning difference where a student wishes to register for disability supports. Evidence of disability or learning difference is used to determine the kinds of supports a student might need at Carlow College to assist with their studies.

#### **1. General Disability Supports**

Typically, most students register for general disability supports which include:

- Access to a disability advisor;
- Exam accommodations;
- Academic supports and assistive technology advice.

When submitting evidence of disability documentation, students should ensure that it has been completed by the appropriate medical/education professional for their disability or learning difference. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided below. Evidence of disability for those requesting general disability supports can be from these sources and time limits on the date of assessment do not apply.

Where a student is unable to provide the disability evidence as outlined below, they can avail of a general level of disability support by providing evidence of a disability or learning difference from a General Practitioner (GP) or other health professional (e.g. Psychologist). The 'Evidence of Disability Form' should be forwarded to their GP or health professional for completion.

Further information is available from the Academic Resource Officer, Lisa Fortune, at [lfortune@carlowcollege.ie](mailto:lfortune@carlowcollege.ie).

## **2. Additional Disability Supports**

Students requesting additional disability supports, such as assistive technology, human supports, or specialist equipment must attend a Needs Assessment meeting with the Academic Resource Officer and provide disability documentation as outlined in the table below. This specific documentation is required for Carlow College to make an application to the ‘ESF Fund for Students with Disabilities’ (FSD) to provide these supports.

Further information is available from the Academic Resource Officer, Lisa Fortune, at [lfortune@carlowcollege.ie](mailto:lfortune@carlowcollege.ie).

## **3. EU, Visiting or International Students**

EU, Visiting or International students may register with the Academic Resource Office for general disability supports. Students should contact the International Office prior to the commencement of their academic programme. Disability documentation which has been completed in a language other than English can be submitted once accompanied by an English translation. This translation must be conducted by an individual/organisation that is completely independent of the applicant.

EU, Visiting or International students do not qualify for supports through the ‘Fund for Students with Disabilities’, and are advised to consult the Disability Service in their home institution in advance of applying for admission. Please note that reasonable accommodations for semester study abroad students that apply in their home institutions may not be applicable in Carlow College.

Further information for EU, visiting or international students is available from the International Officer, Dr Eric A. Derr, at [intloffic@carlowcollege.ie](mailto:intloffic@carlowcollege.ie).





## 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 the accompanying *Guide to Providing Evidence of Disability*).
- This form must be stamped.
- All applicants must complete this form.
- Learners with Specific Learning Difficulties (e.g. Dyslexia) must provide a recent Educational Psychologist's report confirming a learning difficulty.
- Learners with Dyspraxia/DCD must provide a full psycho-educational assessment **AND** an Occupational Therapist's report confirming a coordination disorder.
- Any medical reports or professional opinions given in support of this application should only contain details relevant to the disability being outlined.

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

### 1 Student Details

Full Name of <u>applicant</u> :	<input type="text"/>
Date of Birth:	<input type="text"/>
Contact Number ( <i>including country / area code</i> ):	<input type="text"/>
Email Address:	<input type="text"/>

### 2 Qualified Health Professional / Specialist

Name, Title of Consultant / Specialist:	<input type="text"/>
Contact Number ( <i>including country / area code</i> ):	<input type="text"/>
Position / Professional Credentials:	<input type="text"/>
Date of Report:	<input type="text"/>

Where this form is being completed by a GP, please indicate by ticking the box stating that there is sufficient information on file from the appropriate consultant / specialist named above diagnosing the applicant with one or more of the conditions below.

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

Disability Category (*please tick ✓*)

Hearing Impairment / Deaf <input type="checkbox"/>	Vision Impairment / Blind <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Mental Health Difficulties <input type="checkbox"/>	Specific Learning Difficulty <input type="checkbox"/>	Autism Spectrum Disorder <input type="checkbox"/>
Medical Condition / Significant On-Going Illness <input type="checkbox"/>	Dyspraxia / DCD <input type="checkbox"/>	Neurological Condition <input type="checkbox"/>
ADHD / ADD <input type="checkbox"/>	Speech and Language Communication Disorder <input type="checkbox"/>	Other <input type="checkbox"/>

Please state the specific name of the Disability:

Date of Diagnosis / Onset of Disability:

**4 Briefly describe the course of the condition (e.g. 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 student's ability to study and participate (for example, fatigue, concentration, pain, etc.)?**

<b>6</b>	<b>Please describe measures currently being taken to treat the disability (e.g. medication, therapy).</b>
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<b>7</b>	<b>What recommendations would you make for reasonable accommodation / adjustments to enable participation in Higher Education (e.g. examination accommodations, adaptive equipment, etc.)?</b>
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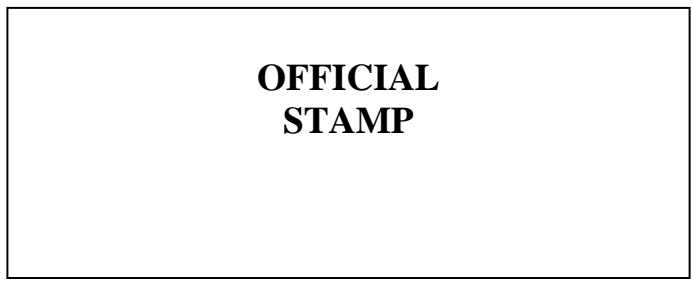
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<b>8</b>	<b>Signature and Date</b>
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Name of Consultant: _____	Date: __/__/____
Consultant's Signature: _____	

Name of GP: _____	Date: __/__/____
GP Signature: _____	
IMC Number: _____	

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





## Guide to Providing Evidence of Disability

<b>Disability</b>	<b>Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder</b>
<b>Type of Documentation</b>	Evidence of Disability Form or Existing Report
<b>Appropriate Professional</b>	Appropriately qualified Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician who is a member of his or her professional or regulatory body
<b>FSD eligibility</b>	Where the above person has provided a diagnosis of ADD / ADHD
<b>Age of report</b>	No age limit

<b>Disability</b>	<b>Autistic Spectrum Disorder (including Asperger's syndrome)</b>
<b>Type of Documentation</b>	Evidence of Disability Form or Existing Report.
<b>Appropriate Professional</b>	Appropriately qualified Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician who is a member of his or her professional or regulatory body.
<b>FSD eligibility</b>	Where the above person has provided a diagnosis of autism or Asperger's syndrome.
<b>Age of report</b>	No age limit.

<b>Disability</b>	<b>Blind / Vision Impaired</b>
<b>Type of Documentation</b>	Evidence of Disability Form or Existing Report
<b>Appropriate Professional</b>	Ophthalmologist/Ophthalmic Surgeon
<b>FSD eligibility</b>	One or more of the following: <ul style="list-style-type: none"> <li>• Evidence of disability from an Ophthalmologist/Ophthalmic Surgeon, with signature;</li> <li>• Letter from the National Council for the Blind confirming registration with the Council;</li> <li>• If a student has attended a school for the Blind, a letter on headed notepaper signed by the</li> </ul>

	<p>principal which confirms attendance at the school.</p> <p>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.</p>
<b>Age of evidence of disability</b>	No age limit.

<b>Disability</b>	<b>Deaf / Hard of Hearing</b>
<b>Type of Documentation</b>	Evidence of Disability Form or Existing Report (evidence from high street retailers not acceptable).
<b>Appropriate Professional</b>	<ul style="list-style-type: none"> <li>(a) Diagnostic/Clinical Audiologist registered with the Irish Academy of Audiologists or a HSE Audiologist OR</li> <li>(b) Principal of a School for the Deaf OR</li> <li>(c) ENT Consultant / Cochlear Implant Programme Co-ordinator</li> </ul>
<b>FSD eligibility</b>	<p>One or more of the following:</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> </ul>
<b>Age of evidence of disability</b>	No age limit.

<b>Disability</b>	<b>Developmental Co-ordination Disorder (Dyspraxia / Dysgraphia)</b>
<b>Type of Documentation</b>	Full psycho-educational assessment AND Evidence of Disability Form OR Existing Report.
<b>Appropriate Professional</b>	<ul style="list-style-type: none"> <li>• Appropriately qualified Psychologist who is a member of their respective professional or regulatory body AND</li> <li>• Appropriately qualified Occupational Therapist OR</li> <li>• Neurologist who is a member of their respective professional or regulatory body OR</li> </ul>

	<ul style="list-style-type: none"> <li>Chartered Physiotherapist who is a member of their respective professional or regulatory body.</li> </ul>
<b>FSD eligibility requires both of the following:</b>	<ol style="list-style-type: none"> <li>A full psycho-educational assessment from the Psychologist diagnosing Developmental Coordination Disorder (Dyspraxia), AND</li> <li>A report by the Occupational Therapist / Neurologist diagnosing Developmental Coordination Disorder (Dyspraxia).</li> </ol> <p>All tests used in the assessments must be current, valid, and reliable and age appropriate.</p> <p>For the purposes of the Fund, the CAO / DARE Evidence of Disability Form is not acceptable evidence of disability for this category of disability</p>
<b>Age of report</b>	No age limit.

<b>Disability</b>	<b>Mental Health Condition (including, but not exclusive to, the following: Bipolar Disorder, Schizophrenia, Clinical Depressive Conditions, Severe Anxiety, Severe Phobias, OCD, Severe Eating Disorders and Psychosis).</b>
<b>Type of Documentation</b>	Evidence of Disability Form OR Existing Report.
<b>Appropriate Professional</b>	Consultant Psychiatrist or Specialist Registrar who is a member of their respective professional or regulatory body.
<b>FSD eligibility</b>	The report from the above should diagnose a significant mental health condition.
<b>Age of report</b>	The report should be no older than five years from the date of needs assessment.

<b>Disability</b>	<b>Neurological Condition (including Brian Injury, Epilepsy, Speech &amp; Language Disabilities).</b>
<b>Type of Documentation</b>	Evidence of Disability Form OR Existing Report.
<b>Appropriate Professional</b>	Neurological Conditions: Neurologist OR other relevant Consultant. Speech & Language Disabilities: Speech and Language Therapist.
<b>FSD eligibility</b>	The report from the above should diagnose a significant neurological condition.
<b>Age of report</b>	No age limit.



<b>Disability</b>	<b>Physical/mobility</b>
<b>Type of Documentation</b>	Evidence of Disability Form OR Existing Report.
<b>Appropriate Professional</b>	Orthopaedic Consultant OR other relevant specialist appropriate to the disability/condition.
<b>FSD eligibility</b>	The report from the above should diagnose a significant physical or mobility difficulty.
<b>Age of report</b>	No age limit.

<b>Disability</b>	<b>Significant Ongoing Illness</b>
<b>Type of Documentation</b>	Evidence of Disability Form OR Existing Report.
<b>Appropriate Professional</b>	<ul style="list-style-type: none"> <li>• Diabetes Type 1: Endocrinologist OR paediatrician</li> <li>• Cystic Fibrosis: Consultant respiratory physician OR pediatrician</li> <li>• Gastroenterology Conditions: Gastroenterologist</li> <li>• Others: Relevant Consultant in area of condition, or Consultant Registrar.</li> </ul>
<b>FSD eligibility</b>	The report from the above, as appropriate, should diagnose a significant ongoing illness.
<b>Age of report</b>	The report should be no older than five years from the date of needs assessment.

<b>Disability</b>	<b>Specific Learning Difficulties (including Dyslexia and Dyscalculia)</b>
<b>Type of Documentation</b>	FULL Psycho-educational Assessment.
<b>Appropriate Professional</b>	Appropriately qualified Psychologist who is a member of their respective professional or regulatory body; or, an assessor who is accredited by PATOSS.
<b>FSD eligibility</b>	<p>Full psycho-educational assessment from the above diagnosing a Specific Learning Difficulty. All tests used in the assessment must be current, valid, reliable and age appropriate.</p> <p>For the purposes of the Fund, the CAO / DARE Evidence of Disability Form is not acceptable evidence of disability for this category of disability.</p>

**Age of report**

The report should be no older than five years 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.



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## **Guidelines for General Practitioners (GPs) for Completing Evidence of Disability**

If a student does not have an existing report and has difficulty accessing the appropriate professional to evidence their disability/condition you, their GP, may be in position to complete the Evidence of Disability form. However, the following applies:

- you must have the required information on a clear diagnosis of the student's disability or condition from one of the appropriate specialists/consultants listed on file;
- you cannot supply information where a full psycho-educational assessment is the requirement. Where you have completed the Evidence of Disability form, you may be asked by the student to provide original documentation received from the appropriate professional at a later date.

### Steps for completion:

1. Review the Guide to Providing Evidence of Disability
2. Check to see if you have information on file from the appropriate professional for that condition
3. If a time limit applies (for example the report must be less than three years old) you must have received information on a diagnosis within that time frame

OR

If the original diagnosis was made prior to this date, the student was still being seen by this professional after the date and you have correspondence on file to confirm this.

Complete Sections 1 to 7 as appropriate.

4. You **MUST** fully complete Section 2 and including the name of the Consultant/Specialist as appropriate. You must include the date of the most recent report from the Consultant/Specialist as appropriate

AND

Include the date of the original diagnosis. If the date of original diagnosis was several years ago, the year of diagnosis is sufficient. Tick the box to declare you have sufficient information on file to complete the form.

5. When the form is complete you **MUST** sign, stamp and enter your IMC number. If you do not have a stamp, headed paper or a business card are sufficient. If you do not have the appropriate information on file to complete the form you should refer the student on to the appropriate professional for their disability or condition listed on pages 2 and 3 of the form. It is not acceptable for GPs to enter their own diagnosis of a student's condition.