

2013 - Supplementary Information Form

Section C – Evidence of Disability

Distributed by the CAO on behalf of
Higher Education Institutions (HEIs)

Instructions for Completion:

- This form provides verification of the applicant’s disability and helps to determine appropriate supports at third level.
- All applicants must complete this form with the exception of the following:
 - Applicants with specific learning difficulties (incl. Dyslexia and Dyscalculia) and applicants with DCD-Dyspraxia/Dysgraphia, who must provide a full psycho-educational assessment completed by an appropriately qualified Psychologist. Please note that verification from an Occupational Therapist or Neurologist is also required for applicants with DCD-Dyspraxia/Dysgraphia.
 - Applicants who have an existing report completed by the accepted Medical Consultant/Specialist. The report must contain the same detail as the Evidence of Disability Form.
- This form must be stamped by the accepted Medical Consultant/Specialist or accompanied by the accepted Medical Consultant/Specialist’s business card or headed paper. If the form is not verified as outlined above the evidence of disability will not be considered and you will be deemed ineligible for DARE.
- Evidence from a General Practitioner/family doctor or support organisation will not be accepted as verification of a disability.
- It is the applicant’s responsibility to ensure that all sections of the Evidence of a Disability form are completed. Remember to keep a photocopy for your personal records.
- This form must be completed by the accepted Medical Consultant/Specialist (see table below). If you are applying to DARE you should also refer to www.accesscollege.ie for more detailed information on accepted Medical Consultants/Specialists and information required in reports.

Type of Disability	Accepted Medical Consultant/Specialist
Asperger’s Syndrome/ Autism	Appropriately qualified Psychiatrist OR Psychologist OR Neurologist OR Paediatrician who is a member of his or her professional or regulatory body
Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder	Appropriately qualified Psychiatrist OR Psychologist OR Neurologist OR Paediatrician who is a member of his or her professional or regulatory body
Blind/Vision Impaired	Ophthalmologist OR Ophthalmic Surgeon

Type of Disability	Accepted Medical Consultant/Specialist
Deaf/Hard of Hearing: Students may apply under ONE of the following categories: (A) Applicants who have an Audiogram (B) Applicants who attend a School for the Deaf (C) Applicants with a Cochlear Implant	(A) Applicants who have an audiogram: Professionally Qualified Audiologist. (B) Applicants who attend a School for the Deaf: Principal of School for the Deaf (C) Applicants with a Cochlear Implant: Ear, Nose & Throat (ENT) Consultant OR Cochlear Implant Programme Coordinator
DCD-Dyspraxia/ Dysgraphia	Appropriately qualified Psychologist AND Occupational Therapist OR Neurologist who is a member of their respective professional or regulatory body
Mental Health Condition	Psychiatrist
Neurological Conditions (incl. Brain Injury, Epilepsy, Speech & Language Disabilities)	Neurological Conditions: Neurologist OR other relevant Consultant Speech & Language Disabilities: Speech and Language Therapist
Significant Ongoing Illness	Diabetes Type 1: Endocrinologist or Paediatrician Cystic Fibrosis (CF): Consultant Respiratory Physician or Paediatrician Gastroenterology Conditions: Gastroenterologist Others: Relevant consultant in area of condition or Consultant Registrar/Registrar
Physical Disability	Orthopaedic Consultant or other relevant appropriate to the disability/condition.
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	Appropriately qualified Psychologist.
Other Disabilities	Relevant medical consultant/specialist

Please complete all sections below in TYPE or BLOCK capitals:

1. Applicant Details

Title and Full Name of Applicant	
Date of Birth	
CAO Number	

2. Medical Consultant/Specialist

Name and Title of Consultant/Specialist	
Phone (including area codes)	
Position/Professional Credentials	
Date of Report	
Date of diagnosis/ onset of disability	

3. Disability Information

Disability Type (please tick primary disability):

Asperger's Syndrome / Autism	<input type="checkbox"/>	Neurological Conditions (incl. Brain Injury, Epilepsy, Speech and Language Disabilities)	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Significant Ongoing Illness	<input type="checkbox"/>
Blind/Vision Impaired	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Deaf/Hard of Hearing	<input type="checkbox"/>	Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	<input type="checkbox"/>
DCD-Dyspraxia/Dysgraphia	<input type="checkbox"/>		
Mental Health Condition	<input type="checkbox"/>		

Please state the specific name of the disability (if relevant):

Please state if there are any other disabilities

4. Outline the history and detail of the disability. Confirm if the condition is congenital or acquired; and if it is permanent, temporary or fluctuating.

5. Will the condition remain static, have periods of relapse/remission or is it progressive.

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

7. If the applicant is Blind/Vision Impaired, state the visual acuity scores, field of vision loss, loss of near vision, central vision or peripheral vision where appropriate.

8. How does the disability/medical condition impact on the applicant's ability to study and participate in school/college (e.g. impact on school attendance, ability to engage with the curriculum, examination performance etc)?

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

Consultant's signature

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Date:

Official Stamp: This form must be stamped by the Medical Consultant/Specialist or accompanied by the accepted Medical Consultant/Specialist's business card or headed paper. If the form is not verified as outlined above the evidence of disability will not be considered and you will be deemed ineligible for DARE.