

Document Identifier: MIE Disability Service – Evidence of Disability Form

Policy Title:	MIE Disability Service – Evidence of Disability Form
Description:	The purpose of this document is to provide information on the MIE Disability Service which is offered through Trinity College Dublin, the University of Dublin, and how to gain access to this service by disclosing your disability.
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1. Context

1.1. Support for Students with Disabilities

There are a range of supports available for students with enduring disabilities in Trinity College Dublin, the University of Dublin (hereafter referred to as Trinity). To access these disability supports we require you to submit evidence of your disability. The evidence of disability you provide is used to assess the impact of your disability and ensure you get appropriate support. It will be assessed by Disability professionals in Trinity who have expertise and an in-depth knowledge of the impact of disability in the academic environment¹.

1.2. Support for Students with Short-Term or Temporary Disability

For students who experience a short term or temporary disability there are other Students Services available; for example: [Student Health Service](#), [Student Counselling](#) and temporary exam accommodations. Please contact your Tutor in the first instance².

2. Purpose

The purpose of this document is to provide information on the [MIE Disability Service](#) which is offered through Trinity, and how to gain access to this service by disclosing your disability. Students must apply to the [Trinity Disability Service](#) using the application form in [Appendix 1](#).

3. Procedure Details

3.1. 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. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided in Table 1.

¹ See [MIE Disability Service](#) and [Trinity Disability Service](#)

² See [Tutor System Policy](#) and [Tutor System Procedure](#)

3.2. Disability Support

Students who are unable to provide the disability evidence from the source specified in Table 1 can avail of a general level of disability support (e.g. Exam Accommodations, Academic supports and advice on assistive technology and access to a disability advisor) by providing evidence of a disability from a General Practitioner or other health professional (e.g. Psychologist). Students with a Specific Learning Difficulty, who do not have a full report from an Educational Psychologist, may present evidence of a history of a specific learning difficulty or receiving educational supports e.g. as part of the [DARE](#) Educational Impact Statement or State Examinations Commission letter regarding RACE (Reasonable Accommodations at the Certificate Examinations) accommodations.

3.3. Specialist Disability Supports

Students requesting additional disability supports, such as Assistive Technology or one-to-one Occupational Therapy/Learning support must attend a Needs Assessment meeting with a Disability Officer in Trinity. They will be required to provide the disability documentation as outlined in the table below. This specific documentation is for Trinity to apply to the [‘Fund for Students with Disabilities’](#) to provide funding for these supports.

3.4. EU, Visiting or International Students

[EU, Visiting or International students](#) may register with the [Trinity Disability Service](#) for disability supports. EU, Visiting or International students do not qualify for supports through the Irish Higher Education Authority (HEA) [Fund for Students with Disabilities](#). Visiting and Study Abroad students are advised to contact [Trinity Disability Service](#) in advance of applying for admission to discuss their support requirements.



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Table 1: Guide to Providing Evidence of your Disability for Support in MIE

Type of Disability	Type of Documentation	Appropriate Professional
Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)	Evidence of Disability Form <u>OR</u> Existing report	Consultant Psychiatrist <u>OR</u> Psychologist <u>OR</u> Neurologist <u>OR</u> Paediatrician
Autistic Spectrum Disorder (including Asperger’s Syndrome)	Evidence of Disability Form <u>OR</u> Existing report	Consultant Psychiatrist <u>OR</u> Psychologist <u>OR</u> Neurologist <u>OR</u> Paediatrician
Blind/Vision Impaired	Evidence of Disability Form <u>OR</u> Existing report (N.B. Evidence from high street retailers not acceptable)	<p>Ophthalmologist <u>OR</u> Ophthalmic Surgeon <u>OR</u> Letter from the National Council for the Blind confirming registration with the council <u>OR</u> 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.</p> <p>The evidence of disability must confirm one of the following:</p> <ul style="list-style-type: none"> (i) The Best Corrected Visual Acuity is equal to or less than 6/24 (Snellen) in one eye (ii) Near Vision N18 or less in one eye (iii) The Peripheral Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g. Homonymous Hemianopia (iv) The Central Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g. Stargardt’s Disease (v) Cortical visual impairment as part of a brain insult resulting in an inability to process visual information
Deaf/Hard of Hearing	Evidence of Disability Form <u>OR</u> Existing report (N.B. Evidence from high street retailers not acceptable)	<p>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) <u>OR</u> 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.</p>

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Developmental Co-ordination Disorder (DCD) - Dyspraxia/Dysgraphia	Full psycho-educational assessment <u>AND</u> Evidence of Disability Form <u>OR</u> Existing report	Psychologist <u>AND</u> Occupational Therapist <u>OR</u> Neurologist <u>OR</u> Chartered Physiotherapist
Intellectual Disability	Evidence of Disability Form <u>OR</u> Existing report from relevant Specialist	Relevant Specialist
Mental Health Condition ³	Evidence of Disability Form completed no more than 5 years before point of Needs Assessment <u>OR</u> Existing report which must be no older than 5 years at point of Needs Assessment	Consultant Psychiatrist <u>OR</u> Specialist Registrar
Neurological Condition (incl. Epilepsy and Brain Injury)	Evidence of Disability Form <u>OR</u> Existing report	Neurologist <u>OR</u> Other relevant Consultant
Physical Disability	Evidence of Disability Form <u>OR</u> Existing report	Orthopaedic Consultant <u>OR</u> 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 <u>OR</u> Existing report which must be no older than 5 years at point of Needs Assessment	<u>Diabetes Type 1:</u> Endocrinologist <u>OR</u> Paediatrician <u>Cystic Fibrosis (CF):</u> Consultant Respiratory Physician <u>OR</u> Paediatrician <u>Gastroenterology Conditions:</u> Gastroenterologist <u>Other Conditions:</u> Relevant Consultant/Specialist in area of condition
Speech and Language Communication Disorder	Evidence of Disability Form <u>OR</u> Existing report	Speech and Language Therapist
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	A full Psychological Assessment Report. <u>In the case of older reports</u> additional evidence of relevant attainment scores or a communication from the State Examinations Commission regarding RACE will be required. Such information is available within the <u>DARE</u> Educational Impact Statement completed by schools	Psychologist

³ See also [Mental Health Policy](#)

4. Related Documents

- 4.1. [Tutor System Policy](#)
- 4.2. [Tutor System Procedure](#)
- 4.3. [Mental Health Policy](#)
- 4.4. [Consent to Disclose and Share Disability Information](#)
- 4.5. [Code of Practice for Students with Disabilities](#)
- 4.6. [Disability Privacy Notice](#)

Appendix 1 – Evidence of Disability Form

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 Instructions for Completion of Application Form).
- This form must be stamped.
- All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a recent Educational Psychologist's report.

Please complete ALL sections below:

1 Student Details

Name of student:

Date of Birth:

Phone Number:

MIE Student Number:

2 Qualified Health Professional/Specialist

Name, Title of Consultant/Specialist:

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 have diagnosed this person with a disability e.g. depression/acute anxiety:

The GP or other health professional should now complete sections 3-7 as appropriate.

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

Disability type (please tick)	<input type="checkbox"/> ADHD	<input type="checkbox"/> Autism Spectrum Disorder
Blind/visual impairment	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Dyspraxia
Mental Health Condition	<input type="checkbox"/> Neurological Condition	<input type="checkbox"/> Physical Disability
Speech and Language Communication Disorder	<input type="checkbox"/> Significant ongoing illness	<input type="checkbox"/> Specific Learning Difficulty

Please state the specific name of the Disability
Date of Diagnosis/Onset of Disability

4 Please Briefly Describe the Course of the Condition i.e. 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 students' ability to study and participate (example, fatigue, concentration, pain, etc.)?

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

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

8 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.

9 Where a GP has completed this form, GP must complete the details below:

GP's Signature. DATE: ____/____/____

IMC Number:

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.