CCSI
CENTRES COLLÉGIAUX
DE SOUTIEN À L'INTÉGRATION

Diagnosis or Diagnostic Evaluation
Attestation of functional limitations 2024

This document will contribute to the evaluation of the student's needs and will allow Adapted Services to determine whether academic accommodations may be granted. It is therefore important to complete this form thoroughly.

Note to the student: Only an official letter and/or Individualized Education Plan issued by Adapted Services will make the granted accommodations official.

1. Student Information

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____

2. Diagnosis or Diagnostic Evaluation

1. a) Primary diagnosis or the result of the diagnostic evaluation: _____
   b) Date of issue of the diagnosis or the result of the diagnostic evaluation: _____
   c) Other diagnoses or results of the diagnostic evaluation: _____

2. a) Are the diagnosis or the result of the diagnostic evaluation: ❑ **Temporary** ❑ **Permanent**
   b) Can you confirm whether the diagnosis or the result of the diagnostic evaluation of this individual results in significant and persistent limitations affecting their learning or academic activities? ❑ Yes ❑ No
   Details: _____

3. Does the student's condition make it impossible to pursue studies for more than 12 hours a week? ❑ Yes ❑ No
   (If YES, please complete section 3[1]. Section 3 MUST be completed by a General Practitioner or Medical Specialist or a professional within the Professional Code (CQLR, c. C-26) who possesses the skills required to perform the requested evaluation.)

4. Does the student take any medication with side effects that could affect his or her learning? ❑ Yes ❑ No
   If yes, specify the effects: _____

5. **FUNCTIONAL LIMITATIONS:** Which of the following functional limitations does the student present?

Attention/concentration	❑ Yes	❑ No	❑ Do not know
Organization	❑ Yes	❑ No	❑ Do not know
Planning	❑ Yes	❑ No	❑ Do not know
Inhibition	❑ Yes	❑ No	❑ Do not know
Mental flexibility	❑ Yes	❑ No	❑ Do not know
Judgement	❑ Yes	❑ No	❑ Do not know
Self-criticism	❑ Yes	❑ No	❑ Do not know
Visuospatial functions	❑ Yes	❑ No	❑ Do not know
Sensory perceptions	❑ Yes	❑ No	❑ Do not know
Communication	❑ Yes	❑ No	❑ Do not know
Oral language	❑ Yes	❑ No	❑ Do not know
Written language	❑ Yes	❑ No	❑ Do not know
Memory	❑ Yes	❑ No	❑ Do not know
Mobility	❑ Yes	❑ No	❑ Do not know
Fine and gross motor skills	❑ Yes	❑ No	❑ Do not know
Processing of information	❑ Yes	❑ No	❑ Do not know
Control of anxiety	❑ Yes	❑ No	❑ Do not know
Interpersonal relations	❑ Yes	❑ No	❑ Do not know
Managing emotions	❑ Yes	❑ No	❑ Do not know
Fatigability	❑ Yes	❑ No	❑ Do not know

[1] Adapted from: http://www.afe.gouv.qc.ca/en/allowance-for-specialneeds-adults; Medical Certificate – Student - Permanent Disability Resulting In Significant And Persistent Impairment Form number: 1015

Other limitations:

_____

_____

_____

3. Evaluation of the impairment and obstacles- Part-time deemed full-time[1]

PLEASE NOTE: This section MUST be completed by a General Practitioner or Medical Specialist or a professional within the Professional Code who possesses the skills required to perform the requested evaluation.

Can you confirm that, despite technical means, medication, therapy, or any other element that allows to correct or reduce the impairment, the disability that this student has results in significant and persistent limitations that render them unable to pursue their studies in vocational training at the secondary level or their post-secondary studies on a full-time basis?

For the duration of their studies ❑ Yes ❑ No

If no, during the school year 20_____-20_____

Details, if any:

_____

_____

_____

_____

4. Other Relevant Information

_____

_____

_____

_____

5. Identification and Signature of Professional, General Practitioner or Medical Specialist

_____

FIRST AND LAST NAME | LICENCE NUMBER

_____

PROFESSION | NAME OF PRACTICE

_____

BUSINESS ADDRESS | TELEPHONE

_____

SIGNATURE | DATE

[1] Adapted from: http://www.afe.gouv.qc.ca/en/allowance-for-specialneeds-adults; Medical Certificate – Student - Permanent Disability Resulting In Significant And Persistent Impairment Form number: 1015