

Disability Verification Form

To Be Completed by Medical Assessor



StudentAidBC

This form is used to verify a Permanent Disability (PD), or Persistent or Prolonged Disability (PPD), for the following StudentAid BC programs - please see links below for additional information and funding eligibility requirements:

- [Canada Student Grant for Students with Disabilities \(CSG-D\)](#)
- [Canada Student Grant for Services and Equipment - Students with Disabilities \(CSG-DSE\)](#)
- [B.C. Supplemental Bursary for Students with Disabilities \(SBSD\)](#)
- [B.C. Access Grant for Students with Disabilities \(BCAG-D\)](#)
- [B.C. Access Grant for Deaf Students \(BCAG-DS\)](#)
- [B.C. Assistance Program for Students with Disabilities \(APSD\)](#)

This form must be completed by a **qualified medical assessor in Canada** – see Assessor and Documentation Requirements table below for more information.

Students must upload a complete, signed copy of this form* to their Student Account, accompanying their disability application.

*Students verifying a **Specific Learning Disorder** (formerly Learning Disabilities) **do not** need to complete this form. See Assessor and Documentation Requirements table below indicating Psycho-Educational Assessment requirements instead.

IMPORTANT:

- Students who have already had their **Permanent Disability (PD)** status verified by StudentAid BC **do not** need to re-verify (submit this form) again.
- Students with a verified **Persistent or Prolonged Disability (PPD)** will need to re-verify their disability status when they enter loan repayment or experience a break in study that extends greater than 5 years from their original disability assessment.

ASSESSOR AND DOCUMENTATION REQUIREMENTS

Condition	Assessor	Required Documents**
Specific Learning Disorders (Ex: reading, written expression, mathematics impairments - formerly Learning Disabilities)	Registered Psychologist	<p>Psycho-Educational Assessment completed:</p> <ul style="list-style-type: none"> • within the last five years, or; • when the student was 18 or older. <p>Upload to Student Account, accompanying disability application.</p> <p>Applicants do not have to complete this Disability Verification Form.</p>
Visual Conditions	Ophthalmologist, Optometrist or Orthoptist	<p>1) Disability Verification Form completed by assessor, and;</p> <p>2) Copy of most recent visual acuity report</p>
Auditory Conditions	Certified Audiologist	<p>1) Disability Verification Form completed by assessor, and;</p> <p>2) Copy of most recent audiology report</p>
All Other Disabling Conditions	<p>Qualified medical assessors: Physician, Nurse Practitioner, Psychologist. Must be registered to practice in the Canadian province or territory where the assessment is undertaken.</p>	<p>Disability Verification Form completed by a qualified medical assessor.</p>

**StudentAid BC reserves the right to request updated/additional documentation as necessary to establish or re-establish eligibility.

Student Name

Student Date of Birth (YYYY-MM-DD)

Primary Disability - Continued

Functional Limitations and Impairments Related to Primary Disability - Please check all that apply.

<input type="checkbox"/> Standing	<input type="checkbox"/> Vision
<input type="checkbox"/> Sitting	<input type="checkbox"/> Hearing
<input type="checkbox"/> Walking	<input type="checkbox"/> Following instructions
<input type="checkbox"/> Using Stairs	<input type="checkbox"/> Organizing Thoughts
<input type="checkbox"/> Attending Classes	<input type="checkbox"/> Speaking/Communicating
<input type="checkbox"/> Lifting/Carrying/Holding/Reaching	<input type="checkbox"/> Focus and Concentration
<input type="checkbox"/> Handwriting	<input type="checkbox"/> Remembering Information
<input type="checkbox"/> Keyboarding/Typing	<input type="checkbox"/> Staying on Task
<input type="checkbox"/> Taking Notes in Class	<input type="checkbox"/> Completing Tasks on Time
<input type="checkbox"/> Reading	<input type="checkbox"/> Other: _____

Secondary Disability (if applicable: otherwise, write N/A)

Disability Type - Choose only one

<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Blind or Visually Impaired
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Deaf or Hard of Hearing
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	<input type="checkbox"/> Neurological Disability
<input type="checkbox"/> Physical Disability / Mobility Impairment	<input type="checkbox"/> Other: _____

Briefly describe the student's secondary disability indicating, functional limitation(s) or impairment(s) and how they restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary level.

Empty box for describing secondary disability.

Is the disability Permanent, or Persistent or Prolonged? See definitions on previous page.

Permanent Disability (PD)

Persistent or Prolonged Disability (PPD)

Student Name	
Student Date of Birth (YYYY-MM-DD)	

Secondary Disability - Continued

Functional Limitations and Impairments Related to Secondary Disability

Check all that apply.

<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Walking <input type="checkbox"/> Using Stairs <input type="checkbox"/> Attending Classes <input type="checkbox"/> Lifting/Carrying/Holding/ Reaching <input type="checkbox"/> Handwriting <input type="checkbox"/> Keyboarding/Typing <input type="checkbox"/> Taking Notes in Class <input type="checkbox"/> Reading	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Following instructions <input type="checkbox"/> Organizing Thoughts <input type="checkbox"/> Speaking/Communicating <input type="checkbox"/> Focus and Concentration <input type="checkbox"/> Remembering Information <input type="checkbox"/> Staying on Task <input type="checkbox"/> Completing Tasks on Time <input type="checkbox"/> Other: _____
<input type="checkbox"/> I confirm that the applicant's impairment(s) or functional limitation(s) restrict(s) their ability to perform the daily activities necessary to pursue studies at a post-secondary level or participate in the labour force.	
<input type="checkbox"/> I certify that, to the best of my knowledge, the information provided on this form is current and accurate and that _____ (Student Name) experiences the functional impairments I have indicated.	

Certifying Medical Assessor Information

Assessor Name			
Specialty / Occupation		Stamp (Optional)	
Registration / Certification #			
Province of Registration			
Telephone			
Email Address			
Mailing Address			
Signature		Date (YYYY-MM-DD)	

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, or StudentAidBC@gov.bc.ca.