

DISABILITY ASSESSMENT FORM

For the purpose of the Nunavut Study Grant for Students with Permanent Disabilities, "permanent disability" means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level and that is expected to remain with the person for the person's life.

STUDENT INSTRUCTIONS

- 1. If you are requesting the Nunavut Study Grant for Students with Disabilities, this form is to be completed by a certifying medical professional.
- 2. Complete Section 1 then forward the form to your certifying medical professional for completion of Section 2.
- 3. Upon completing this form, the certifying medical professional should return the form to you.
- 4. Any fees charged by your certifying medical professional in completing this form are your responsibility and will not be reimbursed by the Department of Family Services.

CERTIFYING MEDICAL PROFESSIONAL INSTRUCTIONS

- 1. Upon completion of this form, please return it to the student..
- 2. Any fees charged for the completion of this form are the responsibility of the student and will not be reimbursed by the Department of Family Services.
- 3. The Nunavut Study Grant helps with the education-related costs for a permanent disability that limits a student from fully participating in postsecondary studies. This Grant may be used to cover exceptional educational expenses such as the cost of a tutor, an interpreter (oral or sign), note-taker, attendant care or special equipment



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ast Name		Fire	st Name			
Middle Names(s)		Pre	evious Last Name(s)			
Permanent Address (your T4A for inc	come tax will be s	ent to this address)				
Current Mailing Address						
Community		Territory/Province		Postal Code	Postal Code	
Phone	Email <i>i</i>	Email Address				
Social Insurance Number	nsurance Number Health Card Numb			Date of Birth (Date of Birth (YY-MM-DD)	
of Family Services, Government of N	lunavut. I underst					
of Family Services, Government of N Study Grant for Students with Disab	lunavut. I underst	tand that this informa			e Nunavut	
I consent to the release of information of Family Services, Government of N Study Grant for Students with Disable B - TO BE COMPLETED	Junavut. I underst vilities. Student's Signatur	tand that this informa	ation will be used to determi	ine my eligibility for the	e Nunavut	
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1. What type of disability does the person have?	
2. What is the diagnosis?	
3. Date of diagnosis? (YY-MM-DD)	4. This disability is: Temporary Permanent
5. Does the disability result in a functional limitation that restri participate fully in studies at a post-secondary level?	icts the ability of a person to perform daily activities necessary to Supply No
6. Can this person study at the regular course load of 60% of a	
7. Identify all of the applicant's disability related education barr postsecondary studies:	riers and how it prevents the applicant from full participating in
postsecondary studies.	
8. Does the student require any extra educational aids related	to their disability? Yes No
If YES, describe the nature of the equipment (see front page fo	
I certify that the information provided on this form is accrelated education barriers indicated.	curate and the student listed above experiences the disability
Signature of Certifying Medical Professional	Date (YYYY-MM-DD)