

Disability Assessment Form

TMU School of Medicine Admissions

SECTION A: INFORMATION FOR APPLICANTS

Academic Accommodation Support (AAS) at Toronto Metropolitan University (TMU) uses this form to assess requests for disability-related accommodations during the TMU School of Medicine admissions process.

This form must be completed in part by a **provincially regulated and registered health care practitioner who is licensed to diagnose** the condition (e.g., physician, clinical psychologist).

Completed forms and documentation must be submitted through the [link provided by MD Admissions](#). Do not complete or submit this form if you have not applied to the MD Program via OMSAS.

Applicant Information

Name: _____ TMU ID: _____
If you have not yet received your TMU ID, use your OMSAS Reference Number.

Email: _____ Phone: _____

Release of Information

I hereby authorize my health care professional named below to share information about the functional impact(s) of my disability(ies) with TMU's Academic Accommodation Support (AAS).

All requests and supporting medical documentation will remain strictly confidential with AAS. Only the accommodation recommendations necessary for implementation will be shared with the TMU School of Medicine Admissions team. No diagnostic details, documentation, or personal health information will be shared with individuals involved in admissions decisions.

Health Care Professional's Name: _____

Applicant Signature: _____ Date (dd/mm/yyyy): _____

Why is this information required?

This form is used to assess requests for disability-related admissions accommodations for the TMU School of Medicine's MD Program. It is not used to determine academic accommodations if a candidate is admitted.

Admissions accommodations are determined independently and do not automatically extend to the academic learning environment. If admitted to the TMU School of Medicine, learners must submit a separate request for academic accommodations. That process involves different documentation requirements and is assessed using distinct criteria and expectations.

To receive fair and appropriate accommodations during the admissions process, applicants must "communicate their needs in sufficient detail and co-operate in consultations to enable the person responsible for accommodation to respond to the request." (Ontario Human Rights Code Guidelines, 1994, p.17). The Ontario Human Rights Commission's Guidelines also state that the university must have sufficient information "to properly assess the impact of the disability on the specific academic task and know how to make the requested accommodation."

Protection of privacy

In accordance with Section 39(2) of the *Freedom of Information and Protection of Privacy Act*, 1990 ("FIPPA"), the information on this form is collected under the authority of the *Toronto Metropolitan University Act*, 1977 for the purpose of assessing disability-related accommodation needs during the admissions process.

All personal and health information will be used, disclosed, retained, and destroyed in accordance with the university's *Information Protection and Access Policy* and *Records Management Policy*. This information remains confidential within TMU's Academic Accommodation Support (AAS) and is only disclosed on a need-to-know basis or as required by law.

SECTION B: INFORMATION FOR REGISTERED HEALTH CARE PRACTITIONER

Academic Accommodation Support (AAS) at Toronto Metropolitan University facilitates the provision of reasonable and appropriate admissions accommodations for applicants with disabilities applying to the TMU School of Medicine.

To determine these accommodations, AAS must verify that the applicant has a disability and understand the impact(s) of the disability on their functional abilities. Please tailor your responses, where possible, to reflect limitations relevant to remote, time-limited assessments or interviews used in the medical school admissions process.

All relevant sections must be completed thoroughly and objectively to ensure an accurate assessment of the applicant's disability-related needs.

Health Care Practitioner Information

Name (Please Print)		Registration / License #	
Specialty		Office Stamp (Business card or letterhead also accepted)	
<input type="radio"/> Physician			
<input type="radio"/> Psychiatrist			
<input type="radio"/> Psychologist			
<input type="radio"/> Other (<i>specify</i>):			
<p>This form must be based on a current and thorough assessment and be completed by a regulated and registered health care professional licensed to diagnose the condition.</p> <p>I am qualified to make a relevant diagnosis: <input type="radio"/> Yes <input type="radio"/> No</p>			
Signature		Date (dd/mm/yyyy)	

Part I: Assessment/Support History

1. How long have you been treating this applicant? _____

2. Will you continue to treat/monitor this applicant? ☐ Yes ☐ No ☐ Unknown

3. Methods used to diagnose disability and identify functional limitations (select all that apply):

- | | |
|---|--|
| <input type="radio"/> Behavioral Observations | Date(s) _____ |
| <input type="radio"/> Clinical Assessment | Date(s) _____ |
| <input type="radio"/> Diagnostic Imaging | Date(s) _____ Type(s) _____ |
| <input type="radio"/> Neuropsychological Assessment | Date(s) _____ |
| <input type="radio"/> Psychoeducational Assessment | Date(s) _____ |
| <input type="radio"/> ADHD Assessment | Date(s) _____ <input type="radio"/> Online <input type="radio"/> In-Person |
| <input type="radio"/> Psychiatric Evaluation | Date(s) _____ |
| <input type="radio"/> Other | Date(s) _____ |

Part II: Confirmation & Duration of Disability

Select the statement that best describes the nature and duration of the applicant's disability in the context of the TMU School of Medicine MD Program admissions process.

- ☐ The applicant has a **permanent disability** with ongoing (chronic or episodic) symptoms that will impact them over the course of their academic career and is expected to remain throughout their life.
- ☐ The applicant has a **temporary disability**, with anticipated duration:
From (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____
- ☐ The applicant has a **persistent/prolonged disability** that has lasted, or is expected to last, at least 12 months but is not a permanent disability.

Date of Diagnosis: _____ Diagnosed by you: ☐ Yes ☐ No

Note: This form is used exclusively to assess eligibility for admissions accommodations during remote, time-limited assessments or interviews (e.g., asynchronous assessments or MMIs). Please consider the functional impact of the disability in these specific contexts.

Part III: Disability-Related Impact(s)

This form considers all types of disabilities, so some questions may not apply to the applicant. Please assess functional limitations specifically in the context of remote, time-limited assessments or interviews (e.g., asynchronous video/written responses or Multiple Mini-Interviews).

Physical Impacts *(Check all that apply)*

☐ No physical impacts

☐ Sitting tolerance

☐ Physical stamina

☐ Chronic pain

☐ Typing/writing ability

☐ Fine motor skills

☐ Other

Describe the nature and degree of impact(s):

Sensory Impacts *(Check all that apply)*

☐ No sensory impacts

☐ Hearing loss

☐ Tinnitus

☐ Uses hearing aids

☐ Visual Acuity *(best corrected)*

☐ Visual Field *(best corrected)*

☐ Other

Describe the nature and degree of impact(s):

Cognitive and/or Behavioural Impacts *(Check all that apply)*

☐ No cognitive/behavioural impacts

☐ Attention / Concentration

☐ Information Processing

☐ Memory

☐ Organization

☐ Time Management

☐ Fatigue

☐ Stress Management

☐ Other

Describe the nature and degree of impact(s):

Treatment Impacts

Does the applicant engage in any treatment(s) that may impact their functioning during the admissions process?

☐ No treatment impacts

☐ Medication side-effects

☐ Other treatment impacts

If yes, describe the nature and degree of impact(s):

Part IV: Impact(s) related to the admissions process

Please describe how the applicant's disability may impact their participation in the following assessment formats, and identify any potential barriers or limitations that may inform accommodation needs.

Asynchronous Assessment

A remote, timed assessment where applicants respond to video- or text-based questions. Each question includes a brief preparation time and transition period. Responses may be verbal or written. The assessment focuses on communication, reasoning, and alignment with the School's mission and values. It does **not** assess core knowledge.

Describe any disability-related impacts in this format:

Multiple Mini-Interview (MMI)

A live, online interview consisting of eight timed stations. Each station includes a written prompt, a short preparation period, and a timed verbal response. The MMI evaluates empathy, communication, cultural competency, and critical thinking. It does **not** assess core knowledge.

Describe any disability-related impacts in this format:

Part V: Accommodation Recommendation(s)

Accommodations are determined based on functional impacts that create barriers to participation in the admissions process. A diagnosis alone does not automatically necessitate accommodations.

Recommendations should be reasonable, appropriate, and clearly connected to disability-related functional limitations. Recommendations will be reviewed and considered, but are not guaranteed.

Do the applicant's disability-related impacts affect their ability to participate in the admissions assessments? ☐ Yes ☐ No

If yes, please select the recommended accommodations below:

- ☐ Transition time (breaks): *Additional time between sections to manage symptoms or regroup as needed*
- ☐ Extended time - written responses: *Additional time to complete written components*
- ☐ Extended time - verbal responses: *Additional time to complete verbal responses*
- ☐ Use assistive technology (*please specify*):