

Student Information

Last Name:		First Name:	File Number:
Name of Post-Secondary Institution:		Program of Study:	Program Start Date:

Following Sections to be completed by Psychologist, Psychiatrist, Physician
Section 1: Verification of Permanent Disability

This form is used to collect and verify the student's permanent disability status for Employment Nova Scotia purposes. If verified, the student may be eligible for federal and/or provincial disability grants.

Verify below the student's permanent disability. For Psychiatric and Neurodevelopment Disorders, please use the DSM-5 classifications. Additional information may be requested to support the diagnosis.

For Employment Nova Scotia purposes, a permanent disability is defined as 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 school level or the labour force.
- Is expected to remain with the person for life.

Does the student have a permanent disability as defined above? Yes ☐ No ☐

Does the disability cause functional limitations as defined above? Yes ☐ No ☐

Section 2: Nature of Permanent Disability (fill in all that apply)
Physical Disability / Mobility Impairment

Specify disability:

Hearing Impairment (to be completed by Audiologist)

Specify disability:

Visual Impairment (to be completed by Ophthalmologist or Optometrist)

Specify disability:

Neurological Disability

Specify disability: ☐ Brain Injury ☐ Cerebral Palsy ☐ Epilepsy ☐ Multiple Sclerosis

Other – please specify: _____

Psychiatric Disorder

Specify disability:

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Section 2: Nature of Permanent Disability (continued)

Neurodevelopmental Disorders

☐ Attention-Deficit/Hyperactivity Disorder ☐ Autism Spectrum Disorder ☐ Intellectual Disabilities

☐ Other – please specify: _____

☐ Learning Disability: Student has two options for submission:

1. Uploading psycho-educational assessment (completed in the last 5 years or since the student was 18 years of age) **or**
2. Answering the three questions below by a physician or a psychologist:

Has a psycho-educational assessment been performed by a registered psychologist? Yes ☐ No ☐

Year of Assessment: _____ Was a learning disability confirmed? Yes ☐ No ☐

Other Chronic Disorders

Specify disability:

Name of Psychologist or Psychiatrist or Physician:		Indicate: Psychologist, Physician (Psychiatrist, Neurologist, Family Physician) or other	
City / Town:	Province:	Licence#:	
Signature of person verifying Permanent Disability		Date of Signature	

Student's Signature: _____ Date: _____