### VANCOUVER

0 HEAD OFFICE

2125 West 7th Ave. Vancouver, BC V6K 1X9

June 1, 2016

**Name:** SMITH, John

**Date of Birth:** February 10, 1996

**HISTORY**

**T HE DEAF AND HARD OF H EAR ING**

#### AUDIOLOGIC REPORT

604-736-7391 voice

604-736-2527 tty

604-736-4381 fax

**0** WILLOW OFFICE

514-2525 Willow St. Vancouver, BC

V5Z 3N8

778-329-0870 voice

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A United Way Agency Charity Business No. 10820 0098 RR0001

[www.widhh.ca](http://www.widhh.ca/)

John Smith was seen at the Western Institute for the Deaf and Hard of Hearing for a hearing

assessment on May 28, 2016. Mr. Smith has a congenital, longstanding hearing loss for which he wears two behind-the-ear style hearing aids that were fit in August 2005 through the Public Health Unit. He is otherwise healthy.

**TEST RESULTS** (see attached audiogram)

Pure tone test results indicate a mild to moderately-severe sensorineural hearing loss from 250 - 8000Hz bilaterally. Word reception scores were fair (R.E.: 72% at 75 dB HL; LE.: 76% at 75 dB HL) bilaterally at a comfortable, but loud presentation level.

**CLINICAL IMPRESSIONS:**

Mr . Smith has a hearing loss of sufficient severity to create challenges when listening in large, reverberant spaces such as classrooms, in the presence of background noise, or when the speaker is talking at a distance or turned away while speaking.

**RECOM M ENDATIONS :**

Mr. Smith currently wears binaural amplification, behind-the-ear style. However, amplified sound is less forgiving in background noise or reverberant conditions than natural hearing. It can therefore be difficult for an individual to concentrate attention on a speaker in the presence of distracting noise. Hearing aids also become less effective with greater distance from the sound source. Classroom environments tend to be noisy and reverberant, posing challenges for a student with a hearing loss.

Mr. Smith would benefit from the use of an FM System in the classroom environment. This is a remote microphone that can be pointed at the speaker or worn by a speaker depending on the situation. It then transmits the speaker's voice directly to receiving units, which are connected to the hearing aids. The transmitting microphone is also equipped with a dynamic directional microphone technology as well as noise reduction features, that when coupled with the hearing aids, can greatly improve hearing in noisy environments. This system will be very beneficial in a classroom setting where there is a lot of reverberation and background noise.

Mr. Smit h' s hearing loss is congenital, therefore because of the early age of onset and severity of the hearing loss, we would expect him to have delayed speech and language development.

Specifically, language development and literacy may be delayed as a result of not having the same access to language at formative stages due to the hearing loss (Cawthon, 2008). It therefore takes the student longer to write down his or her thoughts, and the student requires time to review written material to correct errors due to delayed language development.

Examples of common errors are mixing of tenses, lack of verb/subject agreement, incorrect punctuation, and misspelling of words.

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# THE DEAF AND HARD OF HEARING

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Additionally, reading may be slower as a result of delayed language development, with the student requiring more time to read written material. There is also evidence that people with hearing loss require more effort for listening, leaving less cognitive resources available for other tasks (e.g., Tun, McCoy, & Wingfield, 2009); and that they have a reduced ability for selective attention (Shinn-Cunningham & Best, 2008). These deficits have the ultimate effect of slowing learning and requiring more time for any language-related tasks.

**The recommended accommodation for this severity of hearing loss is that extra time (time and a half) be provided.** Extra time is warranted for linguistically-demanding exams (which includes reading the questions for non-linguistically related material, such as math). The provision of extended time for exams recognizes that a hearing loss is not just an absence of hearing, but that it also has a cognitive impact. Provision of extended time as an accommodation to people who are hard of hearing is well-documented, and is assumed not to alter the test content (e.g., Cawthon, 2008).

Last, as Mr. Smith relies upon lip reading for speech cures, in addition to his auditory cues, it is recommended that he use a laptop to take notes during lectures, which would allow him to lip read while taking his own notes. An in-class note-taker is recommended to supplement Mr.

Smith ' s not es, especially for larger class discussions.

In Summary, Mr. Smith requires the following:

1. Binaural amplification (hearing aids)
2. Use of FM system in the classroom
3. Extended exam time (1.5 x normal time)
4. In-class note-taker
5. Laptop for notetaking

Please do not hesitate to contact me at 604-942-7397 or [erobb@widhh.com](mailto:erobb@widhh.com) with any questions.

Sincerely,

Elissa D. Robb, M.Sc., Aud(C), RAUD, RHIP

Registered Audiologist and Hearing Instrument Practitioner

**References:**

Cawthon, S.W. {2008). Accommodation s use for statewide standardized assessments: Prevalence and recommendations for students who are Deaf or Hard of Hearing. *Journal of Deaf Studies and Deaf Education ,* 13 (1), 55 -76 .

Shinn-Cunningham, B.G. & Best, V. (2008). Selective attention in normal and impaired hearing. *Trends in Amplification.* 12(4), 283-299.

Tun, P.A., McCoy, S., & Wingfield , A. (2009). Aging, hearing acuity, and the attentional costs of effortful listening .

*Psychology and Aging.* 24(3), 761-766.

*West ern In st i t u t e for*

#### THE DEAF AND HARD OF HEARING

www .widh h .ca

D **Head Office**

2125 West 7th Avenue Vancouver, BC V6K 1X9 Tel: 604-736-7391

[info@widhh. com](mailto:info@widhh.com)

D **Willow Office**

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**Tri-cities Office**

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[tricitiesinfo@widhh.com](mailto:tricitiesinfo@widhh.com)

Date: **...M0-.....;?. ..1 .. . \P.......**

**AUDIOLOGIC EVALUATION**

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##### SPECIAL TESTS

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| DICHOTIC DIGITS: | R: .......'.'8'..J..?.'.f.. @ .. .. .. :TS.......... dB HL  L: **........60...:/ :.....** @ .. .. . ..J ..?..........dB HL |
| QuickSIN - Test of Hearing in Noise:  Binaural SNR Loss dB Intensity: dB HL  D Normal 0 Mild D Moderate D Severe  Right Ear SNR Loss dB Intensity: dB HL  D Normal 0 Mild D Moderate D Severe  Left Ear SNR Loss dB Intensity: dB HL  D Normal 0 Mild D Moderate D Severe | |
| Otoscopy: | R: N N) L: NA-D |

ULCL = upper limit, comfortable level R, L = UCL of pure tones

VT -- vibrotactile

Stimulus: **rgj** S tead y D Pu lse d D FM

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| WRS  NU-6 | %  at ... dB | dB  WNL | %  at ... dB | dB  WNR | WRS NU-6 | Binaural (under earphones)  %  R.............dB  **L.............dB** | |
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| **ULCL** | 100 **dB** | | !OO **dB** | |

**Test Results**

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**Recommendations**

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**Additional Comments and Recommendation**

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laij\_ Adjust current aid(s)

D Continue use of current aid(s)

D Referral to Employment Services Application to 

R**egistered Audiologist:** ....... ......M...S.c....,.Av..4...C( ) )....R.w.P.,...J?. .IP...................................................................RAUD /RHIP

**Permanent Disability Programs Application**

Canada

Canada Student Grant for Persons with Permanent Dis abilities (CSGP-PD) BC Supplemental Bursary for Students with a Permanent Disability (SBSD) BC Access Grant for Students with a Permanent Disability (BCAG)

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Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSGP-SE PD) - includes Learning Disability Assessment Reimbursement

Assistance Program for Students with Permanent Disabilitie s (APSD) (if your CSGP-SEPD funding is exhausted )

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| **AM** I **ELIGIBLE?** |
| **APPLICANTS MUST:**  Have a permanent disability;  "Permanent disability" for the purposes of student financial aid, 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 fully in studies at a post-secondary level or in the labour force and is expected to remain with the person for the person's expected natural life:·  **Note:** Not all medical conditions are considered permanent disabilities for the purpose of StudentAid BC permanent disability  . program funding.  . Demonstrate financial need through the StudentAid BC application for full-time or part-time studies; Not be in default of a Canada student loan to be eligible for CSGP-PD or CSGP-SEPD;  . Not be in default of a BC student loan to be eligible for the SBSD, BCAG or APSD (if your CSGP-SEPD funding is exhausted); Not be ineligible for a Canada or BC student loan due to previous declaration of bankruptcy (see bankruptcy question in  the StudentAid BC application instruction s);  .• Not have outstanding receipts or any unaccou\\ted CSGP-SEPD or APSD funds; and  Be enrolled in a post-secondary level program / course at a designated post-secondary institution as a full-time or part-time student.  » This application allows you to apply for any one or more of the Permanent Disability Programs outlined below.  » For more information on Permanent Disability Programs or designated schools, visit [www.studentaidbc.ca](http://www.studentaidbc.ca/) |
| **WHAT AM** I **ELIGIBLE FOR?**  **1. Grants and Bursaries** |
| This application allows you to apply for the following programs. Once approved, you are automatically approved for successive years  .(financial need must be demonstrated each year). See next page for documentation requirements.  **Canada Student Grant for Persons with Permanent Disabilities (CSGP-PD)** - non-repayable grant of $2,000 per program year  for full-time or part-time study .  **BC Supplemental Bursary for Students with Disabilities (SBSD)** - non-repayable grant of $800 per program year for full-time (40% course load or greater) or $400 for part-time (20 to 39% course load) study.  **BC Access Grant for Students with a Permanent Disability (BCAG)** - non-repayable grant of up to $1,000 to reduce BC student loan debt for full-time students. |
| **2. Services and Eauipment** |
| This application allows you to apply for the following programs. See next page for documentation requirements.  Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSGP-SEPD) - non-repayable grant of up to $8,000 per program year for the purchase of educational related specialized services and/or adaptive equipment.  .If you have exhausted your CSGP-SEPD funding for the year, you may be eligible for the following program:  **Assistance Program for Students with Permanent Disabilities (APSD)** - non-repayable grant of up to $10,000 ($12,000 if attendant  care is required at school) per program year for purchase of educational related specialized services and/or adaptive equipment.  **Note:** If you are enrolled in a **non-post secondary level** program/ course (i.e., academic upgrading, ESL, adult special education) at a BC designated post-secondary institution, do not complete this form for APSD funding. Please contact the Disability  Coordinator at your school for additional information on the APSD form applicable to you. |
| 3. **Learnina Disabilitv Assessment Reimbursement (CSGP-SEPD)** |
| This application allows you to apply for reimbursement of up to 75% of the cost of one psycho-educational assessment for a learning disability (Maximum of $1,200). See next page for documentation requirements.  The assessment must clearly indicate that a learning disability has been identified as set out in Section 4 of this application. |
| **HOW DO** I **DOCUMENT MY DISABILITY?** Verification of Permanent Disability (Section 4) |
| In order to be eligible for these Permanent Disability Program s, you must document your permanent disability status. Section 4 of this application must be completed by a qualified medical assessor in Canada.  Your physician or other qualified medical assessor must clearly indicate how your disability impacts you on a daily basis in an educational setting .  Fees that you may be charged to have this section completed are your responsibility and will not be reimbursed by the Ministry of Advanced Education.  IF YOU HAVE PREVIOUSLY HAD YOUR PERMANENT DISABILITY STATUS APPROVED BY STUDENTAID BC, YOU DO NOT NEED TO HAVE THIS SECTION COMPLETED. |

**April** 2011 Permanent Disability Programs Application Student A1dB C

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**HOW DO** I **APPLY**

**SECTION** 1 - **All** students must complete.

**SECTION 2 -All** students must read and sign the declaration.

**SECTION 3** - To be completed by the Disability Coordinator or designated school official, if applicable.

**SECTION 4** -Verification of Permanent Disability. Have this section completed by a qualified medical assessor in Canada.

**CONTACT YOUR DISABILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL FOR ASSISTANCE IN COMPLETING THIS APPLICATION**

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| **PROGRAM** | **REQUIRED DOCUMENTATION** |
| CSGP-PD SBSD BCAG CSGP-SEPD | . Verification of Permanent Disability section or equivalent medical documentation   * Completed by a qualified medical assessor (i.e., physician, psychologist, etc.) in Canada * Current within 3 years * Must indicate the **daily** impact on your ability to participate fully in your studies   . Learning Disability documentation   * a copy of a current psycho-educational assessment * psycho-educational assessment must be less than three years old (or 18 or older)   **Note:** Medical documentation is usually only required once to establish your permanent disability status. However, StudentAid BC reserves the right to request additional documentation at any time it is deemed necessary to confirm or re-establish disability status. |
| CSGP-SEPD  (in addition to the above documentation) | A copy of your registration form for your current course(s) applicable to the permanent disability program funding you are requesting.  . Two estimates, from different service providers listing all their contact information, their  qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, their hourly rate and how often per day/week. |
| Learning Disability Assessment Reimbursement (CSGP-SEPD) | * An **original receipt** confirming payment. An invoice is not acceptable.   . A copy of your current psycho-educational assessment must be attached.  . Psycho-educational assessment must be less than six months old, and must clearly identify  a learning disability as outlined in Section 4. |

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| **CONTACT INFORMATION** | |
| **Mailing Address:**  **Ministry of Advanced Education** StudentAid BC - Directed Programs Unit PO Box 9173 Stn Prov Govt  Victoria BC V8W 9H7 | **Courier Address:**  **Ministry of Advanced Education** StudentAid BC - Directed Programs Unit 1st Floor, 835 Humboldt Street  Victoria BC **V8V 4W8** |
| **Phone:** 250 387-6100 (in Victoria), 604 660-2610 (in the BC Lower Mainland),1-800-561-1818 (toll-free in Canada/U.S.) | |
| **If you are applying for: Equipment only through the CSGP-SEPD, contact: Assistive Technology** - **British Columbia**  108- 1750 West 75th Avenue  Vancouver BC V6P 6G2 Phone : 604 264-8295  Fax: 604 263-2267 | |

Stude ntAidBC Permanent Disability Programs Ap p licat io n **April 2011**

## Permanent Disability Programs Application

Canada

Canada Student Grant for Persons with Permanent Disabilities (CSGP-PD) BC Supp lement al Bursary for Students with a Permanent Disability (SBSD ) BC Access Grant for Students with a Permanent Disability (BCAG)

Canada Student Grant for Services and Equ ipmen t for Persons with Permanent Disabilities (CSGP-SEPD)- includes Learning Disability Assessment Reimbursement

Assistance Program for Students with Permanent Disabilities (APSD) (if your CSGP-SEPD funding is exhausted)

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| **SECTION 1: ALL STUDENTS MUST COMPLETE THIS SECTION** | | | | | | | | |
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| Do you have a claim with either of the following? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 0Yes 0 No  D Automobi le Insurance Claim (bodily injury claims only)  D WorkSafe BC  Describe the status of your claim:  D Active - attach a letter stating why the agency above is not providing you with the requested services/equ ipmen t .  Contact Name of claim advisor Contact Number    I I I C ) I  Inactive - Closing Date In Appeals - as of  Year Month Day Year Month Day    I I I I 1-rn-rn I I I I 1-rn-rn | | | | | | | | |
| **REQUIREMENTS**  YOUR PERMANENT DISABILITY STATUS MUST BE APPROVED BY STUDENTAID BC AT LEAST 6 WEEKS BEFORE THE **DATE CLASSES END .** NO FAXES OR COPIES ARE ACCEPTED. ORIGINAL SIGNATURES ARE REQUIR ED. | **MINISTRY USE ONLY** | | | | | | | |

April 2011 Permanent Disability Programs Application Stud entAidBC 1

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| **SECTION 2: DECLARATION - IMPORTANT DOCUMENT; YOU MUST READ, SIGN AND DATE** | | |
| I am applying for assistance under any one or more of the Permanent Disability Programs outlined in this application for which I am eligible on the terms and conditions of StudentAid BC.   1. I understand that:    1. It is against the law to make false or misleading statements on this application and any of the documents forming part of it;    2. It is my responsibility to make sure that the information on this application and all the documents related to it is accurate;    3. All information is subject to audit and verification;    4. If I do not provide complete, accurate information, or if I obtain or attempt to access financial assistance by fraudulent means, I may not receive assistance under any of the Permanent Disability Programs outlined in this application now or in the future;    5. If I receive funding and it is then discovered that my application or documents forming part of it are not accurate, I may be required to immediately repay all or part of the funds that I have received (plus interest). I may be required to do this if the mistake was made by me, my spouse or common-law partner, my school, 5tudentAid BC, or the federal government. I may also be required to repay any overpayment wi th interest due to a change in my academic status (e.g. course load, study period) or financial status (part-time earnings, cash gifts, etc.);    6. If I receive fund ing under any of the Permanent Disability Programs, the funding received may be taxable income; and    7. If I receive money for the purchase of educational related specialized services and/or adaptive equipment under the CSGP-SEPD or APSD programs, I will provide to the school or StudentAid BC, by the end of my study period, receipts showing that the funds were spent for their intended purpose and return any unused funds. 2. I understand that by signing below it means:    1. I have read the StudentAid BC Guide posted on the StudentA id BC website ([www.studentaidbc.calat](http://www.studentaidbc.calat/) the time of my signing this Declaration;    2. I have answered all questions on the application that pertain to me;    3. I certify that all the information is complete and accurate;    4. If I am applying for APSD (i.e., if my CSGP-SEPD funding is exhausted), I am a registered student at a designated public or private post-secondary institution (my school) wit hin the Province of British Columbia;    5. If I am applying for CSGP-PD, SBSD, BCAG or CSGP-SEPD, I am a registered student and will be attending a designated public or private post-secondary institution ("my school") eligible for Canada student loan assistance;    6. I need financial assistance to access my education;    7. I am in good stand ing regarding any previous and/or current Canada or British Columbia student loans;    8. I will immediately notify my school, in writing, of any changes in my address, academic status (e.g. course load, study period), financial status (part-time earnings, cash gifts, etc.), marital stat us or in the financial status of my spouse or common-law partner;    9. I give my school permission to disclose personal information (as appropriate) to the Ministry of Advanced Education or Assistive Technology British Columbia regarding my disability, access requirements , academic standing, awards, living arrangements, and financial status for the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, determining whether I willberequired to repay any grant I may receive and Permanent Disability Program evaluation;    10. I give permission to my physician or medical professional to disclose information (as appropriate) directly related to my disability to the Ministry of Advanced Education, Assistive Technology British Columbia or my school for the purposes of verifying or investigating information pertaining to this application, and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, and determining whether I willbe required to repay any grant I may receive; and    11. For the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outlined in this application, determining whether I will be required to repay any grant I may receive, and Permanent Disability Program evaluation, I consent to the following:        1. the exchange of information about me between the Ministry of Advanced Education (or a person designated by the Ministry) and the following entities: financial in stitution s,financial aid offices, educational institutions , credit reporting agencies, native bands, Crown corporations, federal, provincial, municipal ministries/departments/agencies, including but not limited to: my school, the BC Ministry of Housing and Social Development, the BCMinistry of Health Services (or a person designated by that Ministry), Assistive Technology   British Columbia, the Office of the Superintendent of Motor Vehicles, BC Assessment Authority, Insurance Corporation of BC, BC Corporate and Personal Property Registry, Land Title and Survey Authority of BC,WorkSafe BC, Superintendent of Bankruptcy, the BC Ministry of Finance or its agent, BC Vital Statistics Agency, the BC Ministry of Children and Family Development, the BC Ministry of Attorney General, the BC Ministry of Education, BC Stud ent Loan Service Bureau, Human Resources and Skills Development Canada, Citizenship and Immigration Canada, National Student Loan Service Centre, and Canada Revenue Agency; and   * + 1. use of the information about me collected by the Ministry of Advanced Education (or its agent) from me or the specified agencies under the StudentAid BC application(s) for full-time or part-time studies submitted by me (as applicable) for the purpose of demonstrating financial need under the Permanent Disabi lit y Programs outlined in this application.   Ill. Authorization  1) If I am awarded a Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities and/or a grant under the Assistance Program for Students with Permanent Disabilities, I authorize the institution I am attending or Assistive Technology British Columbia to cash the grant cheque(s) on my behalf and apply the funds to retain a service worker (interpreter, tutor, note taker etc) and/ or buy equipment and/ or  software on my behalf and/or aooly the funds to the learninq disability assessment bursary fund. | | |
| **Signature of Applicant** (Must be signed in Ink) | **Print Name** | **Date Signed**  Year Month Day  I I I I 1-rn-rn |

Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with Section 26 of the *Freedom oflnformation 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 for the purpose of verifying or investigating information pertaining to this application and related documents, determining my eligibility for the Permanent Disability Programs outli ned in this application, determining whether I will be required to repay any grant I may receive and Permanent Disability Program evaluation. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Edu cation, PO Box 9173, Stn Prov Govt,Victoria BC V8W 9H7, call 2S0-387-6100,

604-660-2610 (in the BC Lower Mainland), or 1-800-561-1818 (toll-free in Canada /U.S.).

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**SECTION 3: CSGP-SEPD AND APSD (IF YOUR CSGP-SEPD FUNDING IS EXHAUSTED)** - **SERVICES AND EQUIPMENT**

TO BE COMPLETED BY DISABILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL WHO HAS SIGNING AUTHORITY

**LEARNING DISABILITY REIMBURSEMENT:**

If you are submitting this application to apply for a Learning Disability Reimbursement please ensure that the following documentation is attached.

* Psycho-educational report (less than six months old), and
* Original paid receipt (invoice not acceptable )

**How was the assessment paid for?** Please tick one:

0 Learning Disability Assessment Fund (in provincepublic schools only D Student Paid

**EQUIPMENT:**

Submit this application for adaptive technology assessment and resourcing to Assistive Technology British Columbia (address on page 2). StudentAid BC reserves the right,through our designated agent, to determine appropriate equipment to mitigate disability-

related barriers that restrict the ability of a person to perform the daily activities necessary to participate fully in studies at

**a post-secondary level.**

Is the student currently in possession of the equipment and/ or software being requested?

0 Yes D No **If yes, attach rationale for request of duplicate equipment and/or software**

Please attach recommendations and / or rationale for specific equipment and/ or software or specify in the space provided below.

**Note:** Disability Coordinator must submit a detailed *Service* Request by e-mail to StudentAid BC

**SERVICES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL SUPPORT** | | **CANADA STUDENT GRANT**  D D D D | **CHECK ALL SERVICES REQUIRED AND SUPPORTED**  Note taker/ scribe .  Reader (if not available through school).  Tutor (specialized tutor for disability-related educational access barriers only). Interpreter /captioning (only if not available through school).  Taped lectures. |
|  | D D D D D |
|  |
| D | |  | Accommodated exams. |
| D | | D | Access to computer resources or adapted or alternate workstation or classroom.  Attendant care (while at school only). |
|  | D D | D D D | Specialized transportation t o/ from school only (must be ministry approved) .  Alternate formats - i.e., large or Braille print , taped lectures (only if not available through school). Other - i.e., Academic st rategist/ coach. |
|  |
|  |

**Public Post-Secondary Institutions:** The Disability Coordinator must submit a detailed Service Request to StudentAid BC by e-mail. Retain all documentation at school.

**Private and Out-of-Province Post-Secondary Institutions:** Two estimates from different service providers must be attached.

The estimates must provide contact information, qualifications for services offered, an explanation of the services they will provide (i.e., number of hours per week, etc.) and their hourly rate. The estimate must provide specific information related to each course (course name(s) and dates must be provided).

|  |  |
| --- | --- |
| **Disability Co-ordinator /School Official:**  I certify the above named student is registered in the school ind icated in Section 1 of this application and, based on t he information provided by the student, this student requires all of the equipment and / or services listed above to reduce the barrier caused by the disability so the student can successfully complete current educational goals. | **OFFICIAL SCHOOL STAMP OR SEAL** |
| Signature of Disability Co-ordinator/School Official: (in ink) | **Date Signed**  Year Month Day  I I I I 1-ITJ -ITJ |
| **Print Name** | **Telephone Number** |

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**Attention: Medical Assessor:**

StudentAid BC will use this information to determine your patient's eligibility to receive grant funding, funding for services and adaptive equipment. Please ensure that this information thoroughly represents your patient's permanent disability and lists the **daily** disability related educational barrier(s) **AND** the supports that can reduce the impact of the disability. Incomplete forms will result in denial and/or delays for your patient.

Initial

D

Student First Name

Student Last Name

**SECTION 4: VERIFICATION OF PERMANENT DISABILITY**

**THIS SECTION MUST BE COMPLETED BY A QUALIFIED MEDICAL ASSESSOR IN CANADA**



*a-atd:....*

4. Does the disability result in a daily functional limitation, restricting the ability of the student to perform the daily activities neces'sary to participate fully in their studies? J:i(l Yes D No (D aily limitations must be present in order for a student to be eligible.)

oo **-,k-di 91wd**

MM

vvvv

**Date ofonset:** I I I<"1 I 'l I(:,1-@JJJ-[J]]) *{?* **5M'-41"1 *S***

IZ] Yes O No OR

Yes O No

1. Is this a permanent\* disability?
2. Is this a chronic\*\* disability?

**Note:** a case history of three to five years is required in most cases. (Provide explanation if less than three years)

00

**MM**

**Since:** I**J** I **O** I \ I**to** l- -C3:@

1. How long has the patient been in your care for these medical conditions?

yyyy

PLEASE ANSWER ALL QUESTIONS

**NATURE OF DISABILITY** - *Check at least one box and complete Page* 6

D **MOBILITY IMPAIRMENT** (TO BE COMPLETED BY A PHYSICIAN)

D **VISUAL IMPAIRMENT** (TO BE COMPLETED BY AN OPHTHALMOLOGIST, OPTOMETRIST OR ORTHOPTIST)

**Note:** *You must provide a copy of your most recent visual acuity report*

I certify this client to be visually impaired according to the following criteria: (Indicate appropriate description)

0 A visual acuity of 6/21 (20/70) or less in the better eye after correction

0 A visual field of 20 degrees or less in the better eye after correction

0 Any progressive eye disease with a prognosis of becoming one of the above in the next two years

0 An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if his/her visual acuity is limited to 6/21 or less in the better eye after correction

**[Z] HEARING IMPAIRMENT** (TO BE COMPLETED BY CERTIFIED AUDIOLOGIST)

**Note:** *You must provide a copy of your most recent audiology report*

**Level of hearing loss** (Indicate appropriate description[sl)

Mild Uses aided hearing

Moderate re[3. Hearing loss interferes with client's learning

**f jtl.e** Would benefit from amplification devices in an educational/vocational setting

0 Profound

D **ATTENTION DEFICIT DISORDER/ ATTENTION DEFICIT HYPERACTIVE DISORDER**

D **PSYCHIATRIC OR PSYCHOLOGICAL** (TO BE COMPLETED BY A CLINICAL PSYCHOLOGIST, PSYCHIATRIST OR PHYSICIAN)

**Note:** *Provide DSM* - *IV diagnosis*

D **PERVASIVE DEVELOPMENTAL DISORDER** (TO BE COMPLETED BY A PHYSICIAN OR PSYCHOLOGIST)

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**4** StudentA 1dB C Permanent Disability Programs Application **April 2011**

##### I SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

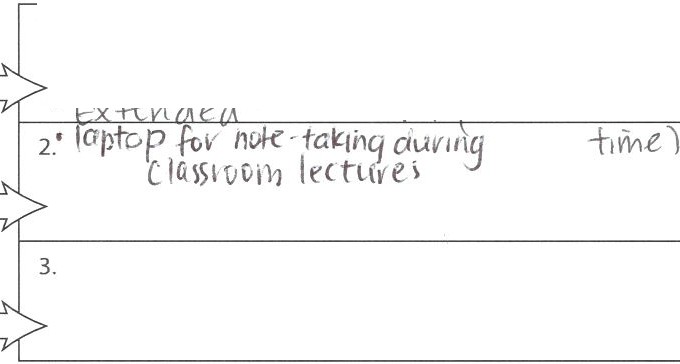
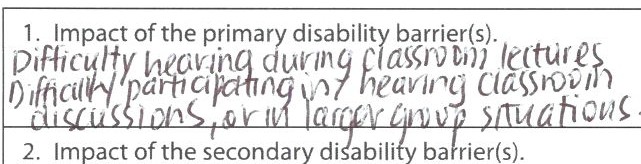


li) CHRONIC HEALTH IMPAIRMENT (SPECIFY)

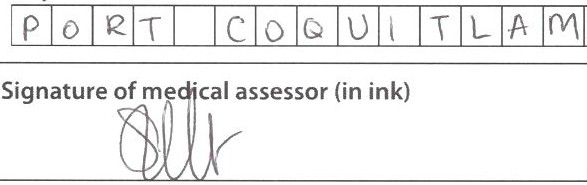
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| --- |
| D **LEARNING DISABILITY** - **CURRENT PSYCHO-EDUCATION/LEARNING DISABILITY ASSESSMENT MUST BE ATTACHED**  (WITHIN LAST 3 YEARS OR COMPLETED AT AGE 18 OR OLDER) |
| **QUALIFICATIONS OF ASSESSOR**  OYes D No I am a registered psychologist with an expertise in diagnosing learning disabilities; or  OYes D No I am a certified school psychologist and (if in British Columbia) a member in good standing with the British Columbia Association of School Psychologist s. (You must be or have been employed by  a provincially funded school board/ college / university at the time of the learning disability assessment.)  **Please Note:** British Columbia certified school psychologists conducting learning disability assessments outside their employment role/situation (i.e., private practice) will not be recognized as having met ministry criteria for qualified assessors.  D Yes D No I am a psychological associate with limited register desi gn ation.  **Please Note:** Psychologists or psychological associates practicing in a limited register designation must submit a copy of the restrictions of their practice from the College of Psychologists of BC. |
| **DOCUMENTATION**  D Yes D No The learn ing disabilities report is attached and was completed in the last three years.  D Yes D No The learning disability report is complete , typed on official letterhead, includes the assessment date  and the psychologist's name, title, professio nal credentials, address and phone/ facsimile number, and is signed and dated.  **Please Note:** In some cases a current achievement assessment may be required for students in transition to post-secondary education in order to accurately reflect current academic ability. |
| **DIAGNOSTIC FEATURES**  OYes D No The diagnosis of the individual 'sachievement on indi vidually administered , standardized comprehensive  test s in reading, mathematics or written expression are *substantially below\*t hat* expected for age, schooling and level of intelligence; and  D Yes D No The learning disability *significantly* interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.  *(\*Substant iall y below* is defined as a discrepancy of more than two standard deviations between achievement and IQ or a small er discrepancy between achievement and IQ [i.e., between one and two standard deviations)in cases where  an individual's performance mayhave been comprom ised by an associated disorder in cognitive processing, a co-morbid mental disorder or general medical condition, or the individual's eth nic or cultur al background.) |
| **LEARNING DISABILITY DIAGNOSIS**  D Yes D No The learn ing disability assessment report clearly states a diagnosis of a learning disability meeting DSM-IV diagnostic criteria which describes the level of severity and the manner in which the disability  significantly interferes with academic functioning.  OYes DNo The report contains recommendations for specific reasonable accommodations that are needed to  address the current and substantial impact of the disability on the student's academic functioning. Recommendations are supported by test scores and are included in the report. |

**April 2011** Permanent Disability Programs Application Stud entAid BC ***5***

|  |  |  |
| --- | --- | --- |
| **SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)**  **THIS SECTION MUST BE COMPLETED IN FULL** | | |
|  | **Explain the daily functional impact of the disability to the What supports can reduce the impact of the disability to the student in an educational sett ing .** If more space is required, **student, in an educational setting?** List all serv ices or equipment please attach a sheet to this completed form. that are disability related.  1.·e>\Y)QLJ.V'O,I (l.1'(1 p1, fi'catiOVI ( hea.v-, a,\cl ')  ' u.)!'.: *of OV\* :FM S'jsteYY' 1it\ e-l Ctss*v*oo\1\1\  : *V\* Cl- ll '> *V\oitex.J 'i-* j , )( V1*OY-t'Wl* l  3. Other barrier(s).  Explain the **severity and prognosis** of the student's current permanent disability.  Prognosis: *V\* l 1S ptVV'l!.lU1t.ewk •  Name of Certifying Medical Assessor Registration/ Certificate#    Occupation of Medical Assessor Area Code Telephone Number  I A-\_-I,\_IA\_..\_ID l J\_,\_0I\_.I.\_1.-l o\_I,\_&\_i..l \ l \_1,1\_\_..l\_ . , , . , , . , , JI I I o §- I I 9 I 4112 I-b I 3 Iq I, I  **Mailing Address Area Code Facsimile Number**  I<olo 14119 l I z 1-71 1"3>IG\SI i  I I I I I I I I I I I I I I I I I I I I I I  **City/ Town Province Postal Code**  le.le.I I vl3 le,ll-s, -1 , l91  **Date**  ::rune 1 , J-{)\(o | |
|  |
| **\*Perma nent Disability MEDICAL OFFICE STAMP**  A person with "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 fully in studies at a post-secondary level or the labour force and is expected to remain with the person for the person's expected natural life  \*\*Chronic **illness /syndrome**  Theillness/syndrome must have been persistent for a minimum of three year s and is likely to last and becomepermanent. The illn ess/syndrome restricts the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level. |  |



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| --- | --- | --- | --- |
| **Permanent Disability Diagnosis:** (include diagnostic measures used to determine diagnosis. Include DSM IV diagno is if applicable)  kt, v'tll*1* (:OYl. ,,{tdfl Y¼Mi ttor io tiel'Utet r \It, Orivieuv-o( *hQw-1e9* / -DSS . | | | |
| **Medication(s) and side effects:** | *l,W.l>* | *Vle6V\ CtAd<'.)* b jNll,lVll | . |
| **Which symptoms does the medication manage:** | | | |

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