



Certification of Readiness to Return to School

This is the official Return to School form for Tyndale University College & Seminary students registered with the Accessibility Office. This form is intended to verify the student's readiness to return to the academic environment after an illness or injury.

TO BE COMPLETED BY THE STUDENT

NAME: _____ STUDENT ID: _____

REQUESTED RETURN TO SCHOOL DATE: _____

I authorize this practitioner to provide information pertaining to my recovery, and hereby give permission for the information to be released to the Accessibility Services at Tyndale University College & Seminary.

STUDENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE PRACTITIONER

On the basis of your assessment, please report below on the student's ability to participate in activities related to their education. This information will be used by the Tyndale University College & Seminary Accessibility Office to evaluate what special considerations, if any, should be given for the student's to return back to school.

1. Since what date have you worked with the student? _____

2. How often did you see the student? _____

3. Identify below the student's level of functioning:

Degree of Incapacitation on Academic Functioning	During Illness (select one)	Current Status (select one)
SEVERE: Completely incapacitated, unable to function at any academic level such as fulfill any academic obligations (tests, exams, assignments) and/or attend classes.		
SERIOUS: Significantly incapacitated and impaired in ability to fulfill academic obligations e.g. can attend class but unable to write assignments or tests/exams.		
MODERATE: Able to fulfill some academic obligations with performance being affected e.g. decreased concentration, low functioning, etc. resulting in assignments being late and /or extra time for tests/exams		
SLIGHT: Able to fulfill academic obligations with sub-optimal performance due to mild impairment		
NEGLECTIBLE: No effect on academic functioning		

4. Additional limitations in academic functioning (if any):



ACCESSIBILITY SERVICES

Centre for Academic Excellence

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Email: accessibilityservice@tyndale.ca

Webpage: www.tyndale.ca/academic-excellence

NAME (*print*):

SIGNATURE: _____

DATE: _____

**ANY ADDITIONAL INFORMATION TO SUPPORT THE STUDENT IN
RETURNING BACK TO SCHOOL CAN BE ATTACHED**

Business Stamp