ACCESSIBILITY SERVICES

Centre for Academic Excellence

3377 Bayview Avenue, Toronto, ON, M2M 3S4

Phone: 416.226.6620 ext.2189 Fax: 416.226.6746

Email: accessibilityservice@tyndale.ca

Webpage: www.tyndale.ca/academic-excellence



TO BE COMPLETED BY THE STUDENT

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.

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 acade academic obligations (tests, exams, assignments) and/or attend class	· ·				
SERIOUS: Significantly incapacitated and impaired in ability to fulfill can attend class but unable to write assignments or tests/exams.	academic obligations e.g.				
MODERATE: Able to fulfill some academic obligations with perform decreased concentration, low functioning, etc. resulting in assignmentime for tests/exams					
SLIGHT: Able to fulfill academic obligations with sub-optimal perfor impairment	mance due to mild				
NEGLIGIBLE: No effect on academic functioning					
4. Additional limitations in academic functioning (if any):					



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	dition <i>(if any)</i> :			
Ongoing symptoms (if any):				
a. These ongoing symptoms are (please circle on	ne): EPISODIC	CONTINOUS	<u> </u>	
For ongoing treatment or medication, list any side effe	cts that may impac	:t student's acad	emic functioning?	
a. The side effects are (please circle one):	EPISODIC	CONTINOUS		
		, , , ,	tioning:	·
Anticipated End Date for symptoms or side effects imp	acting the student	's academic func		
Anticipated End Date for symptoms or side effects imp Based on the student's recovery and current level of fu YES NO	_		turn to school? (pleas	e circle one)
Based on the student's recovery and current level of fu	unctioning, is the st	cudent able to ret	turn to school? <i>(pleas</i>	e circle one)

VERIFICATION BY THE LICENSED PRACTITIONER: This form is based on examination and assessment of the above student and by signing the form it's acknowledged that the assessment falls into the practitioner's legislated scope of practice



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RETURNING BACK TO SCHOOL CAN BE ATTACHED

NAME (print):	Business Stamp
SIGNATURE:	
DATE:	
ANY ADDITIONAL INFORMATION TO SUPPORT THE STUDENT IN	