Disability Support Service
Registration Form 2017

The University of Waikato is committed to supporting the participation of students with disability. If you consider your studies may be affected in some way by disability you will need to complete this form to access the available services. Continuing students should re-register each year.

Return this form to Freepost 78837, Disability Support Service, Private Bag 3105, Hamilton 3240, New Zealand

REGISTRATION DETAILS (please print)

Student ID Number (if known) □ Domestic Student □ International Student
Surname or Family Name First or Given Names
Postal Address
Cellphone Number (   )
Home Telephone Number (   )
Email
Name of Qualification Major Subject Faculty/School
Campus □ Hamilton □ Tauranga □ Other:
Please indicate the area(s) which most closely describe your impairment:
- Blind
- Visually Impaired
- Speech
- Deaf
- Hearing Impaired
- Physical/Mobility
- Medical
- Specific Learning Disability
- Head Injury
- Mental Health
- RSI/OOS (Occupational Overuse)
- Temporary
- Other (please describe)

Is your disability/injury covered by ACC (Accident Compensation Corporation)? □ Yes □ No
If your disability/injury (either temporary or long term) is as a result of accident ACC may be able to fund support services for you. Please let us know so we can advise further.

Have you registered with the Disability Support Service before? □ Yes □ No

Would you like up to date information about the support available? □ Yes □ No

Would you like this information in: □ Standard print □ Electronic document (please circle preferred format) PDF / Word / Plain text

11. Would you like a Disability Support Service staff member to contact you to discuss your individual requirements? (eg. Notetaking assistance, parking, access, equipment etc) □ Yes □ No

Please contact: The Disability Coordinator  ph (07) 838 4719 cellphone (027) 478 5036 email disability@waikato.ac.nz if you wish to discuss any aspect of this registration form PTO..... ⇒
NEEDS EVALUATION To be completed by both new and continuing students.

☐ I do not require assistance at this time, or

☐ I require assistance in the following ways:

☐ to hear lectures and tutorials
☒ to see/read print material
☐ to write text

☐ to access grounds, buildings & facilities
☐ to attend my classes
☐ with organizational/time management

☐ with use of special equipment (describe):

☐ to sit my in class tests and/or final examinations (you will need to complete a separate forms for this which we will email to you)

☐ other (please specify):

You will be contacted to arrange an interview if you have registered as requiring assistance.

SUPPORTING DOCUMENTATION GUIDELINES Required when requesting disability support services

Applications for support services must include current supporting documentation from a Doctor, therapist, or other appropriate professional. Seeking information about a student’s condition is used by the Disability Support Office in establishing disability, understanding how disability may impact a student, and in making informed decisions about accommodations. Professional judgment is an essential component of this process.

Supporting Documentation must do the following:
1. Provide a specific diagnosis of the disability, impairment or medical condition
2. Be current.
3. Identify whether the disability is permanent, temporary or fluctuating
4. Describe in detail the limitations/impact this disability has on the individual and on their study
5. Recommend specific equipment and/or support services and why these are needed.
6. Establish the professional credentials of the evaluator

For example supporting documentation for a Specific Learning Disability would normally meet the following standards in order to best assess an individuals need for support:

i. A qualified professional (with training and experience in evaluating adolescents and adults with learning disabilities) must conduct the evaluation.
   - The following professionals would generally be considered qualified: clinical or educational psychologists; school psychologists; neuropsychologists; learning disability specialists. They must be registered/certified to administer C-level psychometric testing at a minimum.

ii. Documentation necessary to substantiate the learning disability must be comprehensive and would normally include:
   a. Diagnostic Interview
   b. Psychometric Assessment
   c. Aptitude/Cognitive Ability
   d. Academic Achievement
   e. Areas of Cognitive and Information Processing

iii. Documentation must include a specific diagnosis

iv. Test scores from standardised instruments should be provided

v. Each accommodation recommended by the evaluator should include a rationale

vi. An interpretative summary should be provided

If you have previously supplied documentation to the Disability Support Service please specify what year this was provided:

CONSENT AGREEMENT

In order to best meet your needs, it may be necessary to liaise with other staff at the University of Waikato from time to time. Consent from you is required if the information you provide is to be used. It is important that you complete the following:

(Please print your name) I ____________________________, give consent to the Disability Support Service, to authorise the obtaining of information from, and provision of relevant information to, University of Waikato staff about myself. Such information is to be used only for the purposes of identifying and/or supporting any disability related needs that may impact on my study program. I understand that all such information shall be used in the strictest confidence. However it is also understood that disclosure could occur in instances where the University may be legally required to make disclosure.

Your signature: ____________________________ Date: ___/___/_______
Supporting Documentation for provision of Disability Support Services at
The University of Waikato

To be completed by Doctor / Specialist / or relevant qualified professional

1. Date: 
   
2. Students Name: 
   
3. Address: 
   
4. The above named person has an impairment / disability / medical condition as follows:
   
5. The disability / condition is:  
   [ ] Permanent  [ ] Temporary  please specify duration: _________________________________
   [ ] Fluctuating  [ ] Constant  [ ] Improving  [ ] Degenerating  [ ] Progressive

6. The impact this disability is likely to have on the students study at University is:
   
7. The following support / equipment / modifications are recommended: (eg copies of bullet point/summary notes or detailed notes need to be taken by staff working as scribe for student. Use of dictaphone to record lectures, Hearing/FM system loan equipment)
   
Practitioner’s Name

NZMC Registration Number:

Surgery Address:

Signature

Stamp
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Supporting Documentation must do the following:

7. Provide a specific diagnosis of the disability, impairment or medical condition
8. Be current.
9. Identify whether the disability is permanent, temporary or fluctuating
10. Describe in detail the limitations/impact this disability has on the individual and on their study
11. Recommend specific equipment and/or support services and why these are needed.
12. Establish the professional credentials of the evaluator

For example supporting documentation for a Specific Learning Disability would normally meet the following standards in order to best assess an individual's need for support:

vii. A qualified professional (with training and experience in evaluating adolescents and adults with learning disabilities) must conduct the evaluation. The following professionals would generally be considered qualified: clinical or educational psychologists; school psychologists; neuropsychologists; learning disability specialists. They must be registered/certified to administer C-level psychometric testing at a minimum.

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   a. Diagnostic Interview
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   c. Aptitude/Cognitive Ability
   d. Academic Achievement
   e. Areas of Cognitive and Information Processing

ix. Documentation must include a specific diagnosis

x. Test scores from standardised instruments should be provided

xi. Each accommodation recommended by the evaluator should include a rationale

xii. An interpretative summary should be provided

⇒ If you have any questions regarding this form please contact the Disability Support Service 07 838 4719 or disability@waikato.ac.nz

Comprehensive information about the range of disability support services available to students studying at The University of Waikato is provided on our website: www.waikato.ac.nz/disability

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The University of Waikato
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Hamilton 3240
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