



**Equity, Diversity & Disability Service**  
**JO Campus**  
**Building 18 Room 421**

**ML Campus**  
**Building 3 Room 3.128**  
Telephone: (08) 9370 6960  
Fax: (08) 9370 6730  
Email: [studentequity@ecu.edu.au](mailto:studentequity@ecu.edu.au)

## **Information for Health Professional**

Edith Cowan University (ECU) provides specialist services, study and assessment accommodations for students with a permanent or temporary disability and/or medical condition in order to facilitate equal access to learning. This includes facilitating access to and effective participation in:

- Facilities, Buildings and Equipment
- Lectures and Tutorials - hearing and viewing information, participating in discussions, note-taking
- Laboratory Work – mobility and safe usage of equipment
- Practice Placements – duration, accommodations, workplace interaction with colleagues, clients, students, etc.
- Examinations and Assessments – time required, context, computer access, breaks, alternative formats

ECU Equity, Diversity and Disability Service requires supporting medical documents in order to put in place appropriate services and accommodations, including alternative exam conditions where required. To assist the Equity, Diversity and Disability Service in providing the most appropriate support for our student, please complete the form (overleaf) which includes services and accommodations identified by the student. A release of information clause is also included.

Based on your recommendations, a Learning & Assessment Plan detailing the services and accommodations required will be developed in collaboration with the student to ensure that all relevant ECU staff are informed of these. The Learning & Assessment Plan is reviewed in consultation with the student and ECU Equity, Diversity and Disability Service staff and adjustments and improvements made as needed.

If you would like to discuss the report with the Service, the contact details are provided above.

# CONFIDENTIAL



## HEALTH PROFESSIONAL'S REPORT

### PERMISSION FOR RELEASE OF INFORMATION

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STUDENT NO:

I, \_\_\_\_\_  
hereby give authority for (Health Professional's Name) \_\_\_\_\_  
to release information relating to my disability and/or medical condition to the Equity, Diversity & Disability Service at  
ECU to assist ECU in providing me with the most appropriate support services whilst I am an enrolled student at ECU.

Signature of Student \_\_\_\_\_ Date ...../...../.....

#### HEALTH PROFESSIONAL TO COMPLETE

Nature of student's disability and/or medical condition: \_\_\_\_\_

Duration of disability and/or medical condition: Temporary  (expected approximate duration....weeks) Permanent

**Impact of disability and/or medical condition/medication on study at ECU, including performance in lecture, tutorial, laboratory, work placement and assessment or exam situations**  
*Please consider: reading, writing, listening, cognitive processing, concentration, interaction, sitting tolerance, stamina, mobility, seating requirements, accessing library resources, etc.*

**Recommendations**  
*Please recommend any adjustments and/or accommodations which you believe would assist the student to complete his/her studies in a manner equitable with other students, and provide additional details where relevant.*

#### Other comments and/or recommendations

#### Health Professional's details

Name and Profession: .....  
Address: .....  
Contact number: ..... **Email**.....  
Signature and date: ...../...../.....

I authorise the ECU Equity, Diversity and Disability Service to contact the above Professional to clarify these supports as required.

Signature of Student \_\_\_\_\_ Date ...../...../.....