

### **Information for Health Professionals**

Edith Cowan University Access and Inclusion provides accommodations for students with a temporary or permanent disability and/or medical condition in order to facilitate equal access to all aspects of their studies, including access to and effective participation in:

- Facilities, buildings and equipment
- Lectures and tutorials – hearing, reading and viewing information, participation in discussions, note-taking, etc.
- Laboratory and workshop activities – mobility and safe and effective use of equipment
- Practicums, placements and work-integrated learning – timeframes, accommodations, interaction with colleagues, clients, students, etc.
- Assessment and examinations – time allowances, alternative formats, computer access, breaks, additional exam adjustments, etc.

To facilitate this, Access and Inclusion requires supporting medical documentation outlining the functional impact of the disability/medical condition so appropriate accommodations can be identified and implemented. To assist with this, could you please discuss this with your client and complete the Health Professional's Report overleaf. The completed Report can then be emailed directly to or given to the student to provide to us. Please note: the medical information remains confidential and is not made available to or accessible by anyone outside Access and Inclusion.

Based on your recommendations, a Learning Access Plan detailing the accommodations identified as necessary to facilitate the student's studies will be developed in collaboration with the student. This is then provided to all relevant ECU staff so that they are aware of the required adjustments. The Learning Access Plan is reviewed with the student and adjustments made as needed.

If you would like to discuss this report with ECU Access and Inclusion, the contact details are listed below.

## HEALTH PROFESSIONAL'S REPORT

### STUDENT TO COMPLETE

Name: ..... Student ID \_\_\_\_\_

I give authority to (Health Professional's name).....  
to release information relating to my disability/medical condition to ECU Access and Inclusion to facilitate the identification and provision of appropriate support during my studies at ECU.

Signature of student:.....Date: ...../...../.....

### HEALTH PROFESSIONAL TO COMPLETE

Nature of student's disability/medical condition(s).....  
.....

Duration of disability/medical condition: Temporary  (..... weeks/months) or Long-term/Permanent  (inc. fluctuations)

#### **Impact of disability and/or medical condition/side-effects of 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, issues to be considered during placements, 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.*

### Health Professional's Details/Practice Stamp

Name and Profession.....

Address.....

Contact number.....

Signature and date .....Date ...../...../.....