

## On Campus Programs

# Disability Support Verification & Impact Statement (VIS)

### STUDENT LIFE – Disability Support

Level 6, Hughes Building  
THE UNIVERSITY OF ADELAIDE  
SA 5005 AUSTRALIA

TELEPHONE: 618 8313 5962  
EMAIL: [disability@adelaide.edu.au](mailto:disability@adelaide.edu.au)

CRISCOS Provider Number 00123 M

This form is available electronically at [www.adelaide.edu.au/disability](http://www.adelaide.edu.au/disability)

**To be completed by a Health Practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA), specifically in relation to the nature of the student's disability or medical condition.**

This information is required for the sole purpose of ensuring that this student's condition will not disadvantage or negatively impact on their study. While you are under no obligation to complete this document, the student will not be able to obtain appropriate support without this information.

Please note: Students diagnosed with a Learning Disability are required to provide a copy of their Adult Learning Assessment instead of this form.

### Personal Details

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Authority Release

I \_\_\_\_\_ hereby give authority for \_\_\_\_\_  
(Student Name) (Practitioner)

to release information in this report to STUDENT LIFE - Disability Support at the University of Adelaide. I also authorise Disability Support to discuss this report and my condition with the Practitioner below.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Submitting your form:

If you are registering with Disability Support at The University of Adelaide for the first time, please upload this form with your Online Registration at [www.adelaide.edu.au/disability/how-to-register](http://www.adelaide.edu.au/disability/how-to-register).

For currently registered students- if you are providing an updated VIS, please email this directly to your Disability Advisor.

### Practitioner's Report

I declare that I am not a close relative or associate of this student (i.e. partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child or colleague), or anyone involved in the assessment process in the School.

Practitioner: \_\_\_\_\_

Profession: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioners  
Stamp  
Here

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## Important Information

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The Disability Advisor at The University of Adelaide will use the information provided in this report to develop an Access Plan (AP) and/or Alternate Exam Arrangements (AEA) for this student.

The Access Plan will outline Reasonable Adjustments which the student will need to negotiate with each of their Course Coordinators, and adjustments will depend on the Inherent Requirements for each course.

The University of Adelaide has a ***Reasonable Adjustments to Learning, Teaching and Assessment for Students with a Disability Policy*** in line with the Commonwealth Disability Discrimination Act 1992 and The Disability Standards for Education (2005). The University's policy outlines the following:

### Reasonable Adjustments

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Reasonable Adjustments are measures or actions to assist a student with a Disability to participate in learning, teaching and assessment on an equivalent basis to other students that are determined as reasonable.

#### Determining Reasonable Adjustments

Whether an adjustment is reasonable will be determined in accordance with the *Disability Standards for Education*. This will involve taking into account all the relevant circumstances and interests, including the student's Disability; the effect of the proposed adjustment on the student and on anyone else affected, including the University, staff and other students.

### Inherent Requirements

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Inherent Requirements are the capabilities, knowledge and skills that are essential to achieve the core learning outcomes of a program or to satisfy curriculum requirements.

An adjustment is not reasonable if it would:

1. compromise the integrity of the program or course or assessment requirements and processes; or
2. remove or bypass any Inherent Requirements

To be completed by a Health Practitioner	
Diagnosis	
Brief description of condition	
Date Diagnosed	

Disability Type	<input type="checkbox"/> Physical <input type="checkbox"/> Medical
	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision
	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> ADD/ ADHD
	<input type="checkbox"/> Neurological/ Acquired Brain Injury <input type="checkbox"/> Other
	<input type="checkbox"/> Mental Health (Complete section 1 below)
	Note: Students with a Learning Disability are required to provide a copy of their Adult Learning Assessment instead of this form.
Severity of condition	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound

<b>Prognosis</b>  <b>Section 1.</b> <b>(Please tick only one)</b>	<b>Mental Health conditions</b> The student's condition (e.g. anxiety, depressive episode) is expected to: resolve/ improve/ be well managed within ( <i>please circle</i> ) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date: _____ <b>or</b> The student experiences: <input type="checkbox"/> Multiple recurrent episodes which are expected to impact on their study episodically, but continuously (e.g. Schizophrenia, Bipolar, Major Depressive Disorder)
	<b>Section 2.</b> <b>Other conditions</b> ( <i>for Psychiatric diagnosis please complete section above</i> ) The student's condition is expected to: resolve/ improve/ be well managed within ( <i>please circle</i> ) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Review date: _____ <b>or</b> The student's condition is: <input type="checkbox"/> Ongoing and stable <input type="checkbox"/> Ongoing and fluctuating <input type="checkbox"/> Ongoing and degenerative

**Recommended study load** ☐ part time (1-2 courses) ☐ full time (3- 4 courses)  
 Note: some Programs are offered only on a full time basis

**Impact of treatment** (e.g. absences due to attending medical appointments, side effects of medication or therapy)  
 Please complete only if treatment/medication is likely to impact on the student's study

**Impact on Study**

Please consider the impact of the student's disability/ medical condition on their specific study skills/needs

**Cognitive skills** (e.g. attention and concentration; planning and organisation; processing skills—auditory and visual; conceptual skills—sequencing and integration; memory; other)

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**Reading** (e.g. standard print; reading from white board/ screens; speed; comprehension; other)

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**Writing/Typing** (e.g. physical ability; writing/ typing speed; spelling; punctuation; grammar; text organisation; other)

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**Other associated areas** (e.g. understanding and using spoken language; performing calculations; fine motor skills; manipulating objects; other)

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**Physical environment** (e.g. using stairs; sitting tolerance; standard acoustics; moving between venues on campus; other)

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**Does the student require specific equipment, furniture or adaptive software on campus?** YES/NO

Please specify below

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### Impact on Attendance, Participation and Assessable Work

Please consider the impact of the student's disability/medical condition on their attendance, participation and ability to complete assessable work within required timeframes

#### Attendance and participation

(Note: On Campus courses often require attendance and participation in specific classes, and may include group work and oral presentations. Some courses have mandatory or compulsory attendance requirements due to the nature of the course)

An Access Plan may make provisions for a student to negotiate absences from non-compulsory classes on an *occasional* basis. Course Coordinators may require students to complete other tasks to make up for this missed work.

If the student requires adjustments in relation to attendance/ participation, please explain why

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#### Completing assessable work within course time frames

An Access Plan may make provisions for a student to negotiate a short extension of up to 5 calendar days on an assignment, however this may not be possible within all courses or for all assessment formats (e.g. group work assignments, weekly assessments). The request for a longer extension may be considered in *extenuating circumstances* and may require additional medical documentation.

If the student requires an extension/s for assignments, please explain why

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**Major Exams- usually 2-3 hours duration** (e.g. extra time; rest breaks; use of medication, drink other than water; use of equipment such as a computer or ergonomic furniture; smaller group venue)

Please list recommended adjustments to exams. If extra time is required, please explain what this extra time is for

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#### Minor Exams- usually <50 mins duration

Please list recommended adjustments to exams. If extra time is required, please explain what this extra time is for

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#### Other Comments:

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Thank you for your assistance in providing this documentation.

**Student Name:** \_\_\_\_\_

**Student Id:** \_\_\_\_\_

### Crisis Response Plan

This document is to be completed by a Medical Practitioner or other appropriate Health Professional if a student has a medical or mental health condition which may require a safety plan. This information will be kept on the student's file at STUDENT LIFE – Disability Support and shared with relevant University staff and external placement providers as reasonably necessary to ensure an informed crisis response if required.

#### Warning Signs (i.e. signs and symptoms, behaviour) that a medical or psychiatric crisis may be developing

- 1.
- 2.
- 3.
- 4.
- 5.

#### Student's Self-Management or Prophylactic Measures to Avert a Crisis

- 1.
- 2.
- 3.
- 4.
- 5.

#### Medical or other Health Professionals who can be contacted if a crisis occurs

**First Professional's name:**
**Professional's emergency contact:**
**Second Professional's name:**
**Professional's emergency contact:**
**Local area health service crisis team:**
**Contact number:**
**Other:**

#### Signature of Medical or Health Professional Providing Safety Plan

**Date:**
**Professional's Name:**
**Professional's Signature:**

I, (student's name) \_\_\_\_\_ give permission to release this information as outlined above.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_