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Health Practitioner Report

To register for disability support

(To be completed by the Practitioner / Health Care Provider)

Patient / Student Name:

Patient / Student DOB:

Description of disability, injury, mental health or medical condition/s:

Indicate which category the disability/condition best fitsinto:

☐ Hearing ☐ Mobility/Physical ☐ Vision ☐ Mental Health
☐ Neurological ☐ Learning ☐ Medical ☐ Other _____

Please indicate whether this condition is:

☐ Permanent ☐ Temporary ☐ Long Term ☐ Fluctuating

NB: If temporary, long term or fluctuating, please indicate the date the condition is expected to be resolved or reviewed:

This condition is:

☐ Stable ☐ Improving ☐ Degenerative

In my opinion this disability/condition will affect the following: (Please tick)

TYPE OF ASSESSMENTS	Minor	Moderate	Severe
QUIZZES	☐	☐	☐
TIME-BOUND TESTS	☐	☐	☐
FORUM ENGAGEMENT	☐	☐	☐
REFLECTION PIECES	☐	☐	☐
ORAL PRESENTATION	☐	☐	☐
WEBINAR SESSIONS	☐	☐	☐
ASSIGNMENTS	☐	☐	☐

How does the student's condition impact on their ability to undertake the full range of study activities?

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Are there specific recommendations for reasonable adjustments that you believe will assist this student to enable equal participation in their studies? (e.g. additional time, enlarged printing etc.)

Notes / Other comments:

Practitioner / Health Care Provider:

Name:

Title:

Practitioner/Health Care Provider Qualifications / Title (e.g.GP, Psychiatrist, Psychologist)

Address:

Phone:

Email:

Health Practitioner Signature:

Date:

Provider Stamp:

Students should email a copy of this completed form to studentcentral@aib.edu.au and retain the original for their records. The original must be provided upon request.

AIB is collecting the personal information on this form for the purpose of providing the services and assistance that you have requested. For a full understanding of our privacy information and management of your personal information, please access our Privacy Statement located at https://www.aib.edu.au/wp-content/uploads/2019/03/privacy-policy.pdf.

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