CAO OFFICE USE ONLY:

Supplementary Information Form
Section C – Evidence of Disability

Distributed by the CAO on behalf of Higher Education Institutions (HEIs)

Instructions for Completion:

- This form provides verification of the applicant's disability and helps to determine appropriate supports at third level.
- All applicants must complete this form with the exception of the following:
  - Applicants with specific learning difficulties (incl. Dyslexia and Dyscalculia) and applicants with Dyspraxia, who must provide a full psycho-educational assessment completed by an appropriately qualified Psychologist. Please note that verification from an Occupational Therapist or Neurologist is also required for applicants with Dyspraxia.
  - Applicants who have an existing report completed by the accepted Medical Consultant/ Specialist. The report must contain the same detail as the Evidence of Disability Form.
- This form must be completed by the accepted Medical Consultant/Specialist (see table below).

Type of Disability	Accepted Medical Consultant/Specialist
Asperger's Syndrome/Autism	Appropriately qualified Psychiatrist OR Psychologist who is a member of his or her professional or regulatory body
Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder	Appropriately qualified Psychiatrist OR Psychologist OR Neurologist OR Paediatrician who is a member of his or her professional or regulatory body
Blind/Vision Impaired	Ophthalmologist OR Ophthalmic Surgeon
Deaf/Hearing Impaired	Professionally Qualified Audiologist
Dyspraxia	Appropriately qualified Psychologist **AND** Occupational Therapist OR Neurologist who is a member of their respective professional or regulatory body
Mental Health Condition	Psychiatrist
Neurological Conditions (incl. Brain Injury, Speech & Language Disabilities)	**Neurological Conditions:** Neurologist OR other relevant Consultant. **Speech & Language Disabilities:** Speech and Language Therapist
Physical Disability	Orthopaedic Consultant **OR** other relevant Consultant such a Rheumatologist or Paediatrician.

Type of Disability	Accepted Medical Consultant/Specialist
Significant Ongoing Illness	**Epilepsy:** Neurologist **Diabetes Type 1:** Endocrinologist **Cystic Fibrosis (CF):** Consultant Respiratory Physician or Paediatrician **Gastroenterology Conditions:** Gastroenterologist **Others:** Relevant Consultant in area of condition or Consultant Registrar/Registrar
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	Appropriately qualified Psychologist.

- This form must be stamped by the accepted Medical Consultant/Specialist or accompanied by the accepted Medical Consultant/Specialist's business card or headed paper. If the form is not verified as outlined above the evidence of disability will not be considered and you will be deemed ineligible for DARE.
- Evidence from a General Practitioner/family doctor or support organisation will not be accepted as verification of a disability.
- It is the applicant's responsibility to ensure that all sections of the Evidence of a Disability form are completed. Remember to keep a photocopy for your personal records.

Please complete all sections below in TYPE or BLOCK capitals:

1. Applicant Details

Title and Full Name of Applicant	
Date of Birth	
CAO Number	

2. Medical Consultant/Specialist

Name and Title of Consultant/Specialist	
Phone (including area codes)	
Position/Professional Credentials	
Date of Report	
Date of diagnosis/onset of disability	

3. Disability Information

Disability Type (please tick primary disability):

- Asperger's Syndrome / Autism ☐
- ADD/ADHD ☐
- Blind/Vision Impaired ☐
- Deaf/Hearing Impaired ☐
- Dyspraxia ☐
- Mental Health Condition ☐
- Neurological Conditions (incl. Brain Injury, Speech and Language Disabilities) ☐
- Significant Ongoing Illness ☐
- Physical Disability ☐
- Specific Learning Difficulty (incl. Dyslexia & Dyscalculia) ☐

Please state the specific name of the disability (if relevant):

Please state if there are any other disabilities:

4. Outline the history and detail of the disability. Confirm if the condition is congenital or acquired; and if it is permanent, temporary or fluctuating.

5. Will the condition remain static, have periods of relapse/remission or is it progressive.

6. Describe measures currently being taken to treat the disability (e.g. medication, therapy etc.)

7. If the applicant is Blind/Vision Impaired, state the visual acuity scores, field of vision loss, loss of near vision, central vision or peripheral vision where appropriate.

8. If the applicant is Deaf/Hearing Impaired state the level of hearing loss (decibels db). You must also attach the audiogram. It is recommended where possible that audiograms include details on air and bone conduction.

9. How does the disability/medical condition impact on the applicant's ability to study and participate in school/college (e.g. impact on school attendance, ability to engage with the curriculum, examination performance etc)?

10. What recommendations would you make for reasonable accommodations/supports to enable equal participation in Higher Education (e.g. adaptive equipment, examination accommodations etc.)?

Consultant's signature

Date

____ / ____ /____

Official Stamp: This form must be stamped by the accepted Medical Consultant/Specialist or accompanied by the accepted Medical Consultant/Specialist's business card or headed paper. If the form is not verified as outlined above the evidence of disability will not be considered and you will be deemed ineligible for DARE.