

DOCUMENTATION & REFERRAL FORM

RSBCLR AACQQG@GJGRW ? LBPATRONIC K C?LARA C Q @ RB@ GCNSP
This form is a means of providing RSBCLR AACQQG@GJGRW information about this student's particular diagnosis(es) (M(hgPlc (acco7 (s)3-16g21determin03 Tw (form)Teco7 (s)3-16g21reasonable0.05 Tw (

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Duration

<p> Permanent Disability</p>	<p>This student has a chronic impairment (a stable diagnosis expected to persist throughout the course of their studies at McGill University) with symptoms that are persistent, cyclic, or episodic.</p>
<p> Temporary Disability</p>	<p>A temporary impairment from which the student may recover within 6 -12 months.</p> <ul style="list-style-type: none"> - Expected recovery by: _____ (DD/MM/YR) - If recovery is unknown, please indicate an approximate recovery timeframe by term ending Fall semester < Winter semester < Summer semester

1.3. In your opinion, do you think that the student is able to take a full course load (180 hours / semester) ? Please note that your response will not impact the student's ability to register as a full or part -time student. Yes No

1.3.1. If no, please indicate your reasoning for this recommendation:

PROFESSIONAL INFORMATION

Name:	
Professional title: (e.g. Psychologist, Physician, Psychiatrist, etc)	
License number:	
Address:	
Telephone number:	

Professional's Signature: _____

Date of consultation: _____