

## SPECIAL CONSIDERATION – TREATING PROFESSIONAL SUPPORTING DOCUMENT

### PERSON DETAILS

 VU STUDENT ID#        

TITLE: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ VU EMAIL: \_\_\_\_\_

### DATE OF CONSULTATION

The student named above consulted with me on the following dates: \_\_\_\_\_

 Is the condition considered to be ongoing?  NO  YES (please provide approximate duration) \_\_\_\_\_

### DESCRIPTION

 Please indicate in the section below the severity & impact of **the student's condition**:

#### SEVERITY

<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate	<input type="checkbox"/> Minor
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#### IMPACT

<input type="checkbox"/> Unable to Sit Exam	<input type="checkbox"/> Unable to Attend Class	<input type="checkbox"/> Unable to Complete Assessment
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#### TYPE OF ASSESSMENT

Please describe in the comments section below whether the student's condition impacts on:

<input type="checkbox"/> Assignment	<input type="checkbox"/> Mid-term exam	<input type="checkbox"/> Final Examination
<input type="checkbox"/> Other		

Comments: \_\_\_\_\_

### DECLARATION AND DETAILS OF TREATING PROFESSIONAL

I certify that I have seen the above student and according to my assessment the information supplied is true and correct.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

NAME (BLOCK LETTERS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

<b>TREATING PROFESSIONAL'S STAMP</b> (if applicable)
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