

Counsellor's Statement

Typically we require documentation from professionals registered with: the College of Psychologists of Ontario; the Ontario College of Social Workers and Social Service Workers; the College of Registered Psychotherapists of Ontario; or the respective equivalent professional regulating bodies in other jurisdictions.

NOTE: In order for a counsellor from Personal Counselling Services or Disability Services at York to complete this form, you must already have been a client of Personal Counselling Services or registered with Disability Services.

Section I: to be completed by student.

Personal health information on this form is collected under the authority of *The York University Act, 1965*. It is related directly to and needed to support your academic and/or financial petitions to York University.

Pursuant to S. 29 of PHIPA (*Personal Health Information Protection Act, 2004*), I (the undersigned student or patient) authorize and consent to the counsellor or counsellors named on this form to disclose to the York University faculty and administrative staff authorized to administer and consider academic and financial petitions such personal health information as is necessary or as may be reasonably required by York University to support my academic and/or financial petitions.

I understand that York University will maintain and store this information in such a manner as to protect its confidentiality.

Student Information (please print)		
Student Number	Last Name/Family Name	Given Name(s)
Telephone	E-mail Address	Home Faculty
Is your record updated? Check your current contact information at currentstudents.yorku.ca/student-personal-information .		
Student's Signature	Date (dd/mm/yy)	

Academic Work Affected
Course(s)
Work, e.g., assignment(s), lab(s), examination(s); administrative deadlines

Student Information: to be completed by student (please print).

Student Number	Last/Family Name	Given Name(s)
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Section II: to be completed by counsellor.

I am a Personal Counselor in Personal Counselling Services at York University

I am a Disabilities Counselor in Disability Services at York University and I have reviewed the medical/psychological documentation from an appropriate licensed health care provider and confirm there is a diagnosed disability

I am a licensed mental health professional or physician in the external community

Other: _____

1. Date you received this form: _____

2. Consultation date(s): _____

3. Summary of the nature of counselling issues, or confirmation of the associated functional limitations of a diagnosed disability, and the impact each would have on the student's ability to perform the academic work specified above.

4. In your opinion, did the counselling issues or the nature of the disability affect the student's ability to make an informed decision/judgment with respect to meeting academic deadlines?

Yes No Unable to assess

5. Are you able to assess when the student will be able to complete their outstanding work or resume their studies (if they have had to stop attending classes)?

Yes Anticipated date of completion of work/resumption of studies: Unable to assess

6. Do you have any further comments regarding this student's situation as it relates to their academic petition?

Student Information: to be completed by student (please print).

Student Number	Last/Family Name	Given Name(s)
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Section III: to be completed by counsellor.

Counsellor Information (please print)	
Counsellor's Name	Counsellor/Intern's Signature (If counsellor is an intern, supervisor's signature is also required.)
Office Address	Telephone / Extension
	Email Address
Supervisor's Name (if required)	Supervisor's Signature (if required)

Office Use Only
Verified By: _____ Date: _____

If you have any questions about the collection, use or disclosure of personal information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.