



**DISABILITY SUPPORT UNIT
STUDENT SUPPORT SERVICES**

TELEPHONE: (02) 9850-6494 **FACSIMILE:** (02) 9850-6063 **TTY** (02) 9850 6493
email: equity@mq.edu.au

HEALTH PRACTITIONER’S REPORT

The Disability Support Unit (DSU) provides support and assistance to students with a disability or health condition and aims to ensure that students do not experience disadvantage in reaching their academic potential. To assist us in providing the most appropriate support for this student, could you please comment on the impact of their disability/health condition, with particular reference to the likely impact on their studies?

I, (*Students Name*) hereby give authority for (*Practitioner’s name*) to release information relating to my disability/health condition to the DSU at Macquarie University.

Signed: (*Student’s signature*) Date:

PRACTITIONER TO COMPLETE THIS SECTION

Nature and duration of disability/health condition:

.....
.....
.....

Impact on study at University:

*Please comment on the functional impact on this student in relation to the following areas (as relevant):
E.g. Reading, Writing, Mobility, Memory and Concentration, Assignments, Examinations*

.....
.....
.....
.....

Recommendations or strategies to minimise the impact of the disability/health condition:

.....
.....
.....
.....

Name: **Provider Number:**
Profession: **Phone:**
Address:
Signed: **Date:**/...../2009

Stamp or seal of Professional Authority
(or attach letterhead)