

Documents for attestation student with a disability – version 25-26

The guidance and support department of KdG is responsible for the recognition, the advising of specific reasonable adjustments and the assistance of students with a disability at **KdG University of Applied Sciences and Arts**. The student's disability must be documented for the following reasons

The student is required to confirm his disability with sufficient, objective and clear medical documentation **to obtain recognition as a student with a disability**. As an institution, it is important to have the best possible insight into the student's specific access needs and their impact on school activities, in order to be able **to offer possible educational and examination adjustments** on this basis. You can further clarify the job loss and support needs in this bundle. This overview offers a base for the assessment, with the difficulties measured against the program requirements and against the feasibility of reasonable adjustments in the faculty.

The documentation is to be completed by a **qualified expert determined per target group**. Please find an overview of the target groups and the corresponding qualified experts below.

Target group	Qualified expert
Students with a physical disability	(Treating) doctor*
Students with a hearing impairment	(Treating) doctor*
Students with a visual impairment	(Treating) doctor*
Students with a chronic disease	(Treating) doctor*
Students with a psychiatric disability	(child and youth) psychiatrist, certified clinical psychologist or orthopedagogue
Students with an attention deficit hyperactivity disorder	(child and youth) psychiatrist, neurologist, neuropsychiatrist, certified clinical psychologist or orthopedagogue, (treating) doctor*
Students with a tic disorder	(child and youth) psychiatrist, neurologist, neuropsychiatrist, (treating) doctor*

Students with a developmental coordination disorder	(Treating) doctor, neurologist, neuropsychiatrist, (child and youth) psychiatrist, (treating) doctor*
Students with a stuttering disorder (developmental stuttering)	speech therapist, (treating) doctor*
Students developmental dysphasia	speech therapist , (treating) doctor
Students with a learning disability	certified clinical psychologist or orthopedagogue, speech therapist, (treating) doctor *
Students with autism spectrum disorder	(child and youth) psychiatrist, neuropsychiatrist, certified clinical psychologist or orthopedagogue, (treating) doctor*
Students with another disability	(Treating) doctor *

*For these disabilities, including developmental disorders, the general practitioner (GP) can reaffirm the diagnosis previously made by a specialist. After all, it is not within the competence of the family physician to make that diagnosis himself. This does not apply to psychiatric disorder. There, because of the often temporary nature of the disability, the competent expert is best placed to make or reaffirm the diagnosis and to give advice on support needs.

We kindly request that you, as a competent expert, **thoroughly document and objectify the student's impairment**. This document deals with the nature, severity and duration of the loss of function. The request to attest does not imply that the authorized person must carry out a diagnostic examination in any case. It is also possible to attest after viewing the reports that the student makes available.

The form is returned via the student to the contact person of the individual learning certificate or **uploaded into the application (<https://studentfile.kdg.be>)**. The medical documentation is kept in the student's file by the contact person of the ILC. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

Loss of function

Student's identification information

Student's name:

Date of birth:

Nature of the loss of function

I, the undersigned, hereby document that the person identified above suffers from::

- ☐ Students with a physical disability
- ☐ Students with a visual impairment
- ☐ Students with a hearing impairment
- ☐ Students with a chronic disease
- ☐ Students with a developmental disorder
 - ☐ Learning disability (dyslexia or dyscalculia)
 - ☐ Students with an autism spectrum disorder
 - ☐ Students with an attention deficit hyperactivity disorder
 - ☐ Students with a tic disorder
 - ☐ Students with a developmental coordination disorder
 - ☐ Students with developmental dysphasia
 - ☐ Students with a stuttering disorder (developmental stuttering)
 - ☐ Combination of developmental disorders
- ☐ Students with a psychiatric disability
- ☐ Students with another disability

Specify diagnosis of function-loss:

Nature, severity and duration of the loss of function

I hereby confirm that (indicate as applicable):

- ☐ the disorder and the loss of function are **permanent**: there is a non-existent or negligible chance of improvement (spontaneous or following treatment) that would lead the loss of function to no longer meet the conditions described above
- ☐ the disorder and the loss of function is (likely) of a **temporary nature**: there is an effective or expected loss of function, or a need for a preventive follow-up of at least 12 months, with an impact on school performance

Ik hereby confirm that:

- ☐ the above-described loss of function has a significant impact on school performance.

Possible areas of concern regarding support

I hereby document that, following an attention deficit hyperactivity disorder described in section A of this form, the student identified above may experience difficulties and may need support in performing following school activities in the context of higher education (e.g. communication, information exchanges, attention, speaking, studying,...):

Date, signature, stamp expert:

Date:

Expert's name:

Professional title expert:

Stamp:

Accreditation number of the commission of psychologists:

Registration number of the Vlaamse Vereniging van Orthopedagogen:

