This leaflet provides information for students to refer to, when obtaining documentation of their disability and/or specific learning difficulty. Supporting documentation is required before support can be arranged, ie reasonable adjustments. The information inside provides some helpful guidelines to follow when obtaining this evidence.
Supporting evidence for specific learning difficulties eg dyslexia, dyspraxia*, dyscalculia

Guidelines:

- Is your report a full diagnostic assessment stating that you have a specific learning difficulty? [Please note: JCQ Form 8 – Application for Access Arrangements is not accepted as supporting documentation.]

*Dyspraxia/Developmental Coordination Disorder: if an educational psychologists’ diagnostic assessment is not available alternative documentation from a clinical psychologist, consultant neurologist, physiotherapist, occupational therapist, general practitioner (GP) or speech & language therapist with an appropriate diagnosis should be provided.

Supporting evidence for other disabilities eg medical conditions, mental health difficulties

Guidelines:

- Is your evidence legible?
- Is your evidence up to date (last 12 months for fluctuating disabilities / last 3 years for permanent disabilities)?
- Does your evidence include the following information:
  - Diagnosis or working diagnosis (if available)?
  - The impact of the condition/disability on day-to-day activities (and where appropriate medication & side effects)?
  - That the condition/disability is long term (ie that it has or will last for 12 months or more)?

If your evidence does not meet the guidelines above we would recommend that you ask your GP or relevant medical professional to complete the University of Liverpool’s medical evidence template (attached).

Translated documents: any documents which are not in English must be accompanied by a full professional translation that can be independently verified. The original translation must contain confirmation from the translator that it is:

- an accurate translation of the original document
- the date of the translation
- the translator’s full name and signature, and
- the translator’s contact details.

If it would be helpful to discuss your supporting documentation, we would advise you to speak to a member of Disability Advice and Guidance at the earliest opportunity.

A copy of the Policy and Procedures Regarding Reasonable Adjustments and Support for Disabled Students can be found at www.liverpool.ac.uk/studentsupport/disability/support/

If you require this leaflet in an alternative format or have any further queries, please contact Disability Advice and Guidance:

T: +44 (0)151 794 5863
E: disteam@liverpool.ac.uk

Location: Student Support Services Centre, number 502 on the campus map – See link www.liv.ac.uk/files/docs/maps/liverpool-university-campus-map.pdf
## Student details:

**A. Title**

<table>
<thead>
<tr>
<th></th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
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</table>

- **Forename(s)**

- **Surname**

- **Address**

- **Date of Birth**

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**B. The diagnosis of the disability/mental health condition/medical condition**

(if the student has more than one disability/condition, please include all information)

- **Date of Diagnosis**

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**C. Is the disability/condition long term or likely to be long term?**

(NB: the Equality Act states that a disability must be long term ie has lasted, or is likely to last for 12 months or more)

- Yes
- No

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**D. In your professional opinion does the condition/disability have a substantial effect on the student?**

(NB: the Equality Act states that a substantial effect is one that is more than a minor or trivial effect)

- Yes
- No
E. The impact of the condition (and where appropriate, medication & side effects) on the student's normal daily activities (especially those which may have an impact on studying, eg poor attendance, motivation, fatigue, social anxiety etc)

F. Accommodation Requirements
Does the condition necessitate a specific accommodation requirement?  

Yes  [ ]  No  [ ]

If yes, please provide details of the disability related accommodation requirement.

G. Your Details

Name

Job Title

The name and contact details of the organisation you work for (please use your agency's stamp – alternatively please also include a covering note on headed paper)

Your Signature

Date