

Verification of Counselling - UW School of Architecture

Name _____ ID _____

This student has disclosed specific personal issues to the counsellor which affect his/her functioning.

Degree and dates of incapacitation:

Severe Completely incapacitated as regards functioning at an academic level
(unable to attend any classes)

From: _____ to: _____

Moderate Able to fulfill some academic obligations, but performance will be considerably affected
(unable to attend some classes and some assignments may be late)

From: _____ to: _____

Slight Able to fulfill academic obligations, but performance will likely be sub-optimal
(able to attend classes)

From: _____ to: _____

Negligible Should not have any significant effect on ability to fulfill academic obligations

From: _____ to: _____

Comments:

The report is based on the student's report of past concerns; the student did not seek counselling at that time.

The degree of incapacitation is based on session(s) with the client in this time-frame:

From: _____ to: _____

The student has been seen here on _____ (no.) occasions for issues including this particular concern.

The student has provided medical documentation, a copy of which is in on file with the counsellor.

Counsellor name

Signature

Date

I have read the above information pertaining to my concerns. I hereby give permission for release of this information by Counselling Services to UW School of Architecture (Terri Boake and Donna Woolcott).

Student signature

Date