DOCUMENTATION FOR ATTESTATION OF
STUDENTS WITH DISABILITIES (OTHER)

The form below must be completed by the (treating) doctor. The document is returned to the Study Guidance via the student. The data attested here will be treated in accordance with the legislation on privacy (Act of 8 December 1992 on the protection of privacy in relation to the processing of personal data) and in accordance with the provisions in the education and examination regulations.

EXPLANATION

1. General

The student psychologist of Study Guidance is responsible for the recognition, the advising of specific facilities and the assistance of students with disability Vrije Universiteit Brussel. The student’s disability must be documented\(^1\) 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.
- To be able to offer accommodations as an institution, it is important to have as good as possible an overview of the student’s particular difficulties and their impact on his/her school performance. 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.

2. Target groups and qualified experts for the documentation

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.

<table>
<thead>
<tr>
<th>Target group</th>
<th>Qualified expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students with a physical disability</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a hearing impairment</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a visual impairment</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a chronic disease</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a developmental disorder</td>
<td>(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropediatrician, certified psychologist or registered orthopedagogue; depending on subtype (see further general part: overview of specific attestation bundles)</td>
</tr>
</tbody>
</table>

\(^1\) The procedure followed at Vrije Universiteit Brussel is based on the method recommended by the Vlor (Vlaamse Onderwijsraad – Flemish Education Council): ‘Handleiding registratie studenten met een functiebeperking en bijbehorende formulieren’, Raad Hoger Onderwijs, 21 april 2015.
<table>
<thead>
<tr>
<th>Students with a psychiatric disability</th>
<th>(Treating) doctor, (child and youth) psychiatrist, certified psychologist or registered orthopedagogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students with another disability</td>
<td>(Treating) doctor</td>
</tr>
</tbody>
</table>

3. Documentation for attestation

We kindly request that you as a competent expert **thoroughly document and objectify the student’s loss of function**.

You can do this using this documentation, which comprises the following parts:

**General part (Part 1)**
This is where you may indicate which loss of function the student is showing. The nature of the disability determines the target group to which the student belongs.

**The Vlor-form for a specific target group (Part 2)**
You are required to complete section A and section B.
Section A 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.
Section B maps the loss of function and its impact on school activities.

Both parts are to be completed by the qualified expert for that particular target group. The student will be in charge of returning both documents to a student psychologist of Study Guidance.

4. Privacy

The medical documentation (part 1 and part 2) is kept in the student’s file by a student psychologist of Study Guidance. The documented data will be treated in accordance with the privacy legislation (Law on Processing of Personal Data of 8 December, 1992) and in accordance with the stipulations of the regulations on education and examinations.

5. Contact

You may contact a student psychologist of Study Guidance should you still have questions. His/her contact details can be consulted through the following link: student.vub.be/en/study-guidance.
GENERAL PART (PART 1)

The documentation comprises two parts. In this general part (part 1), the nature of the loss of function is to be indicated. The overview of the included functions is based on the International Classification of Functioning, Disability and Health (ICF). The nature of the disability determines the target group to which the student belongs. With a view to further documentation, the decision tree is to be followed and the Vlor+ form for the specific target group is to be completed (part 2).

The following forms are available for specific target groups:

<table>
<thead>
<tr>
<th>Documentation for attestation</th>
<th>Qualified expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students with a physical disability</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a hearing impairment</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a visual impairment</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a chronic disease</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with an autism spectrum disorder (ASD)</td>
<td>(Treating) doctor, (child and youth) psychiatrist, neuropediatrician, certified psychologist or registered orthopedagogue</td>
</tr>
<tr>
<td>Students with an attention deficit hyperactivity disorder</td>
<td>(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropediatrician, certified psychologist or registered orthopedagogue</td>
</tr>
<tr>
<td>Students with a tic disorder</td>
<td>(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropediatrician</td>
</tr>
<tr>
<td>Students with a developmental coordination disorder</td>
<td>(Treating) doctor, neurologist, neuropediatrician, (child and youth) psychiatrist</td>
</tr>
<tr>
<td>students with a stuttering disorder (developmental stuttering)</td>
<td>(Treating) doctor</td>
</tr>
<tr>
<td>Students with a psychiatric disability</td>
<td>(Treating) doctor, (child and youth) psychiatrist, certified psychologist or registered orthopedagogue</td>
</tr>
<tr>
<td>Students with another disability</td>
<td>(Treating) doctor</td>
</tr>
</tbody>
</table>

If so desired, the student can request the documentation for an additional target group from us or download it on student.vub.be/en/special-student-facilities.
STUDENT’S IDENTIFICATION INFORMATION

Student’s name:
Date of birth:
Student number:

IDENTIFICATION INFORMATION OF THE EXPERT

Name:
Date:
Autograph:
Doctor’s stamp

RECORD DATA (to be completed by the Study Guidance)

Study/Faculty/Campus:
Receipt date of complete file:
Nature of the loss of function

The qualified expert documents that the student presents the following loss of function:

- **Single disability, in one of the following body functions:**
  - **Neuromusculoskeletal and movement-related functions**
    The documentation for students with physical disabilities target group is to additionally be completed if the disability does not result from a chronic disease, psychiatric disability or developmental disorder.
  - **Hearing functions**
    The documentation for students with hearing impairment target group is to additionally be completed if the disability does not result from a chronic disease or psychiatric disability.
  - **Visual functions**
    The documentation for students with visual impairment target group is to additionally be completed if the disability does not result from a chronic disease or psychiatric disability.
  - **Cardiovascular, haematological, immunological and respiratory functions**
  - **Digestive, metabolic and endocrine system**
  - **Genitourinary and reproductive functions**
    The documentation for students with a chronic disease target group is to additionally be completed if the disability does not result from a chronic disease.
    The documentation for students with another disability target group is to additionally be completed if the disability does not result from a chronic disease or psychiatric disability.
  - **Mental functions**
    The documentation for students with a chronic disease target group is to additionally be completed if the disability does result from a chronic disease.
    The documentation for students with a developmental disorder target group is to additionally be completed if the disability does result from a developmental disorder.
    The documentation for students with a psychiatric disability target group is to additionally be completed if the disability does result from a psychiatric disability.
    The documentation for students with another disability target group is to additionally be completed if the disability does not result from a chronic disease, psychiatric disability or developmental disorder.
  - **Other:**
    - **Voice and speech functions**
    - **Pain functions**
    - **Skin and related systems functions**
    The documentation for students with another disability target group is to additionally be completed if the disability does not result from a chronic disease, psychiatric disability or developmental disorder.

- **Single disability, the loss of function results from a chronic disease:**
  The documentation for students with a chronic disease target group is to be completed.

- **Single disability, the loss of function is connected to a psychiatric disability:**
  The documentation for students with a psychiatric disability target group is to be completed.

- **Multiple disabilities:**
  If there is a multiple loss of function, the corresponding form for the specific target group is to be completed for each disability.
VLOR-FORM (PART 2)

STUDENTS WITH DISABILITIES (OTHER)

The form below must be completed by the (treating) doctor. The document is returned to the (function and service) via the student. The data attested here will be treated in accordance with the legislation on privacy (Act of 8 December 1992 on the protection of privacy in relation to the processing of personal data) and in accordance with the provisions in the education and examination regulations.

To assist students as efficiently as possible, we would like to underline the following areas of attention in completion of this form.

- The form is to be completed entirely, objectively and meticulously.
- The form is to be completed by the qualified expert.
- Both section A and section B are to include the date, the signature and the identification (stamp) of the qualified expert.

We cannot accept documents that fail to meet these requirements.
STUDENT'S IDENTIFICATION INFORMATION

Student’s name: 
Date of birth: 
Student number: 

SECTION A
LOSS OF FUNCTION

1. Nature of the loss of function

I, the undersigned, document that the person identified above shows the following loss in the below functions (specify):

0 voice and speech functions

0 pain functions

0 skin and related structures
This loss of function results from:

In the past year and still now, the following disease activity and (para) medical follow-up occurred:

Disease activity:

(Para) medical follow-up:

2. Registration requirements

I confirm that the above-described loss of function has a significant impact on school performance. This impact on school performance is documented in section B of this form.

I hereby also confirm that:

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 impact of the loss of function on study performance for the entire duration of the academic programme is obvious.
0 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.

3. Stamp, date and signature of (treating) doctor

Date

Stamp

Signature
I hereby document that, following a serious disability described in section A of this form, the student identified above experiences difficulties in performing the following school activities:

1. **Communication and exchange of information**
   - **Observing**, from a distance (e.g. what is written on the blackboard, PowerPoint presentations, clips and footage etc.).
     Difficulties:

2. **Listening** (e.g. during the lessons), incl. correctly understanding what is being said.
   Difficulties:

3. **Reading** (course materials, messages on the notice boards, etc.), incl. **tiredness** after continued reading.
   Difficulties:
- **Writing** (when taking notes during classes, writing on the blackboard), incl. *readability* of the handwriting, *writing speed*, *writing duration* and *tiredness from writing*. *Meticulously (minutely) working* when making drawings, working with graphs, etc.

Difficulties:

- **Speaking** (motor speech skills), incl. *articulation and intelligibility*, *speech rhythm* and *tiredness* when speaking for extended period.

Difficulties:
2. Mobility

- **Changing and maintaining position**, incl. *sitting down, standing up*, maintaining same sitting position for extended period (e.g. during lectures), *standing for extended period* (e.g. at a lab table, when completing exercises at the blackboard).

  Difficulties:

- **Carrying, moving and manipulation of materials**, incl. *lifting and carrying material* (e.g. books (book bags), taking books from the library stacks, etc.); *hand and arm use* (e.g. flipping a page, easily moving materials around a desk, operating a computer’s keyboard etc.); *fine hand motor skills* (e.g. using a calculator, wielding test tubes, using a ruler etc.).

  Difficulties:

- **Walking (up) and moving around**, incl. *moving between buildings over longer distances* and *moving around a building* (including opening doors, using elevators).

  Difficulties:
3. **Task management**

   - **Attention and concentration, time management, stress management.**
     
     **Difficulties:**

4. **Other**

   **Possible impact of general tiredness and/or available energy and/or treatment on the ability to attend classes, to study,...**

   **Difficulties:**

4. **Stamp, date and signature of (treating) doctor**

   Date

   Stamp

   Signature