



HEALTH PRACTITIONER REPORT

The Disability Service at Northern Sydney Institute – part of TAFE NSW provides educational support and assistance to students with a disability or health condition. 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 at TAFE.

I, _____ (Student’s full name) hereby grant permission for my health practitioner to release information relating to my disability and/or health condition to the Disability Teacher/Consultant.

Signed: _____

Date: _____

HEALTH PRACTITIONER TO COMPLETE THIS SECTION

Diagnosis and duration of disability and/or health condition:

Impact on study at TAFE:

*Please comment on the functional impact on this student in relation to the following areas (as relevant):
reading, writing, mobility, memory, concentration, completion of assignments, examinations*

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

Attached reports? YES NO

Health Practitioner Name:	
Profession:	
Address:	Suburb:
Phone:	
Fax:	
Signed:	Date: