

When uploading your evidence of disability documentation, please make sure that it has been completed by the appropriate medical professional for your disability. A list of the appropriate professionals for each disability type is provided in the table below.

DISABILITY	EVIDENCE & ELIGIBILITY CRITERIA	AGE OF REPORT
Autism (including Asperger's Syndrome)	A report from an appropriately qualified Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician providing a diagnosis of ASD.	No age limit
Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD)	A report from an appropriately qualified Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician providing a diagnosis of ADD/ADHD	No age limit
Deaf/Hard of Hearing	<p>A report from one or more of the following:</p> <ul style="list-style-type: none"> • An audiogram from a professionally qualified Audiologist and/or ENT Consultant, indicating moderate to profound bilateral hearing loss or unilateral hearing moderate loss. • A letter from the principal from a school for the Deaf confirming attendance. • Existing report from ENT consultant or Cochlear Implant Programme Coordinator confirming cochlear implant or bone anchored hearing aid. 	No age limit

<p>Blind/Vision Impaired</p>	<p>A report from one or more of the following:</p> <ul style="list-style-type: none"> • Ophthalmologist/Ophthalmic Surgeon providing a diagnosis of severe reduction in vision that cannot be corrected with standard glasses or contact lenses. The diagnosis must be in relation to Best Corrected Visual Acuity or Field of Vision. • A letter from the National Council for the Blind confirming registration. • A letter from the principal from a school for the Blind confirming attendance. 	<p>No age limit</p>
<p>Developmental Co-ordination Disorder (Dyspraxia/Dysgraphia)</p>	<p>A report from a Psychologist OR an Occupational Therapist OR Chartered Physiotherapist OR Neurologist OR Paediatrician diagnosing developmental co-ordination disorder (Dyspraxia).</p> <p>The CAO/DARE Evidence of Disability Form is not acceptable evidence of disability for this category of disability.</p>	<p>No age limit</p>

<p>Mental Health Condition (For example, Bipolar Disorder, Schizophrenia, Clinical Depression, Severe Anxiety, Severe Phobias, OCD, Severe Eating Disorders and Psychosis).</p>	<p>A report from a Consultant Psychiatrist or Specialist Registrar</p>	<p>Less than five years</p>
<p>Neurological Condition</p>	<p>A report from one or more of the following:</p> <ul style="list-style-type: none"> • Neurological Conditions: Neurologist OR another relevant Consultant • Speech & Language Disabilities: Speech and Language Therapist 	<p>No age limit</p>
<p>Significant Ongoing Illness</p>	<p>A report, diagnosing a significant ongoing illness such as:</p> <ul style="list-style-type: none"> • Diabetes Type 1: Endocrinologist or Paediatrician • Cystic Fibrosis: Consultant Respiratory Physician or Paediatrician • Gastroenterology condition: Gastroenterologist • Other: Consultant OR Consultant Registrar. 	<p>Less than five years</p>
<p>Physical/mobility</p>	<p>A report from an Orthopaedic Consultant or other relevant specialist diagnosing a significant physical or mobility difficulty.</p>	<p>No age limit</p>

<p>Specific Learning Difficulties (Dyslexia or Dyscalculia)</p>	<p>The report of a psycho-educational assessment by a Psychologist OR by an assessor (PATOSS accredited) diagnosing a Specific Learning Difficulty.</p> <p>Students may be asked for their latest assessment scores/educational reports to assist HEI's in determining the appropriate level of support.</p> <p>All tests used in the assessment must be valid, reliable and age appropriate.</p> <p>The CAO/DARE Evidence of Disability Form is not acceptable evidence of disability for this category of disability.</p>	<p>No age limit</p>
<p>Speech and Language Communication Disorder (including but not exclusively) stammering, receptive and/or expressive language disorders, unintelligibility due to a phonological disorder, articulation disorder associated with structural anomalies; acquired communication disorders such as aphasia, anomia, dysarthria, dyspraxia resulting from neurological condition or any neurodegenerative or genetic disease associated with impaired communication and social interaction)</p>	<p>A report from a speech and language therapist.</p>	<p>No age limit</p>