

Disability Evidence Guide

Along with your Learner Support Questionnaire, you must provide LSTM with evidence of your disability, so recommendations can be made for your support.

The Student Experience Officer will use your evidence to decide on reasonable adjustments to your teaching and assessment.

Your course requirements and how you have been supported in the past will also be considered.

Evidence for each disability	
All disabilities	Disabled Student's Allowances (DSAs) needs assessment report. If you have already applied for the DSA and attended your DSAs needs assessment meeting, you will have received (or will soon receive) your DSAs needs assessment report. This will make specific recommendations for reasonable adjustments to teaching and assessment, and we can use it as evidence of your disability/condition. We also accept a DSAs needs assessment report from a previous course as evidence
ADD or ADHD	Diagnostic report from an AD(H)D specialist or a doctor/consultation letter indicating that an attention deficit condition has been identified. If you believe you have ADD or ADHD and do not have a diagnostic report, contact your own doctor to find out if there is a diagnosis on your record and to discuss options.
Autism spectrum conditions (including Asperger syndrome or high-functioning autism)	Diagnostic report from an autism specialist or a doctor/consultation letter indicating that an autism spectrum condition has been identified. If you believe you have an autism spectrum condition and do not have a diagnostic report, contact your own doctor to find out if there is a diagnosis on your record and to discuss options.

<p>Dyslexia, dyspraxia, dyscalculia (maths specific weakness) or dysgraphia (writing difficulty, such as slow writing or writing that is difficult to read)</p>	<p>Dyslexia, Dyspraxia, Dyscalculia or Dysgraphia</p> <p>Post-16 diagnostic assessment: this should be done by a chartered or educational psychologist or specialist teacher. It should indicate that a specific learning difficulty such as dyslexia, dyspraxia, dyscalculia or dysgraphia has been identified.</p> <p>Diagnostic assessment from before you were 16: we might be able to use an earlier assessment but it will depend on how it was done and what it says. Send it to us so we can advise you further.</p> <p>JCQ (school) records: if you have JCQ (Joint Council Qualifications) records, send them to us with your other evidence. JCQ records are not enough for reasonable adjustments on their own but if they are all you have, please send them so we can advise further.</p> <p>Dyspraxia: alternative evidence</p> <p>Instead of a report from a chartered or educational psychologist, we can also accept an occupational therapist's report or a doctor/consultant letter identifying dyspraxia.</p> <p>Dysgraphia: alternative evidence</p> <p>Instead of a report from a chartered or educational psychologist, we can also accept a doctor/consultant letter identifying a physiological reason (such as RSI or the ongoing effects of a hand injury) why you may not be able to write quickly or legibly.</p>
<p>Health conditions (including arthritis, epilepsy, diabetes, cystic fibrosis (CF), narcolepsy, repetitive strain injury (RSI), cancer, H1C, hepatitis, multiple sclerosis (MS), Crohn's disease, lupus, or CFS/ME</p>	<p>Doctor/consultant letter</p>

Hearing impairment, deafness	Doctor/consult or audiologist letter. An audiogram is not sufficient without a letter from a doctor/consultant or audiologist to explain audiogram
Mental health difficulties (including depression, anxiety, eating disorders, obsessive-compulsive disorder (OCD), bipolar affective disorder, personality disorders, or psychosis)	Doctor/consultant letter or psychiatrist letter
Mobility difficulty (including paralysis, back problems, scoliosis, chronic pain, or using a wheelchair)	Doctor/consultant letter
Visual impairment, blindness	Doctor/consultant letter

These types of evidence are usually enough to support recommendations for reasonable adjustments.

Please note:

- LSTM considers each student's situation on a case-by-case basis
- All evidence must be in English; evidence in other languages must be provided as a certified translation
- Evidence should indicate that your disability/condition is ongoing. Specifically, that it has lasted (or is predicted to last or may well last) 12 months or more. In cases such as cancer or HIV infection, disabilities are from the point of diagnosis
- Prescriptions are not accepted as evidence

How to send us your evidence

- By post: Student Experience Officer, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool, L3 5QA
- By email: SAW@lstmed.ac.uk