



WARNING

In accordance with National Defence Security Orders and Directives (NDSOD), form **DND 4458-E - Request for Accommodation for Learning Disability** is designated "**Protected B**" information once completed.

Completed "**Protected B**" forms **MUST NOT BE SAVED UNENCRYPTED** on any network and workstation drive or storage media. "**Protected B**" forms, when completed, **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**. Failure to respect this requirement will result in a breach of security and administrative measures shall be applied in accordance with the policy.



Request for Accommodation for Learning Disability

Form for DAOD 5516-5

Part 1 (to be completed by an applicant for the Canadian Armed Forces (CAF) or by a CAF member)

I hereby request accommodation for the following learning disability: _____	
I hereby consent to the disclosure of my personal information in respect of the learning disability to accredited professionals and applicable Department of National Defence (DND) and CAF personnel for the conduct of an accommodation assessment in accordance with DAOD 5516-5, <i>Learning Disability Accommodation during Recruiting, Training and Education</i> .	
Name of the specialist, if any, who has provided a diagnosis of the learning disability	
A valid psycho-educational assessment report and any other documents relevant to the learning disability, functional limitations resulting from the learning disability and accommodation requested should be attached to the request by the CAF applicant or CAF member.	
Rank (if applicable)	Name of CAF applicant or CAF member
Telephone number	Unit name and Unit Identification Code (UIC)
Signature of applicant or CAF member	
Date (yyyy-mm-dd)	

Part 2 (to be completed by a Personnel Selection Officer (PSO) or Military Career Counsellor (MCC) at a Canadian Forces Recruiting Centre (CFRC) in the case of a CAF applicant, or by the Commanding Officer (CO) in any other case)

I have advised the CAF applicant or CAF member that this form and any documents provided with the accommodation request will be forwarded to the Director Personnel Generation Requirements (DPGR), and that the accommodation request may be reviewed by accredited professionals and applicable DND and CAF personnel.	
Preferred military occupation(s) of CAF applicant or military occupation of CAF member	Name of recruiting staff or unit CO
Signature of recruiting staff or unit CO	
Date (yyyy-mm-dd)	

Part 3 (to be completed by DPGR)

I confirm that the attached learning disability assessment report provided by an accredited professional, including functional limitations and recommended accommodations, has been reviewed and an evaluation conducted.	
Taking into consideration universality of service and applicable specifications and standards, the following accommodations are approved (include reasons)	
Taking into consideration universality of service and applicable specifications and standards, the following accommodations are <u>not approved</u> (include reasons)	
Rank	Name of DPGR officer
Signature of DPGR officer	
Date (yyyy-mm-dd)	

Part 4 (communication of decision to CAF applicant or CAF member by recruiting staff or unit CO)

I have advised the CAF applicant or CAF member of the accommodations approved and not approved by DPGR. (amend as applicable)
 A copy of the attached learning disability assessment report has been provided to the CAF applicant or CAF member.

The following is the plan for the implementation of the approved accommodations (delete if not applicable)

A trained CAF member is referred to the Base Personnel Selection Officer (BPSO) for the evaluation of career actions such as occupational transfer if the accommodation recommendations are not compatible with the military occupation of the CAF member.
 (delete if not applicable)

Name of recruiting staff or unit CO

Signature of of recruiting staff or unit CO

Date (yyyy-mm-dd)

Part 5 (to be completed by the CAF applicant or CAF member)

I hereby acknowledge receipt of the decision of DPGR in Part 3 of the form and the plan for the implementation of the approved accommodations, if any, indicated in Part 4.

I am aware that I have the right to seek recourse in respect of these decisions. Available recourses are set out in DAOD 5516-5.

Rank (if applicable)

Name of CAF applicant or CAF member

Signature of applicant or CAF member

Date (yyyy-mm-dd)

Annex A - Referral by Recruitiaal Staff or unit CO to a Local Qualified Professional

This request for a psycho-educational assessment of the CAF applicant or CAF member identified in Part 1 of this form is referred to

for the conduct of the assessment and production of a learning disability assessment report that provides the information, as applicable, in paragraph 5.1 of DAOD 5516-5, *Learning Disability Accommodation during Recruiting, Training and Education*.

The applicable occupation qualification standard is provided.

Rank

Name of recruiting staff or unit CO

Signature of recruiting staff or unit CO

Date (yyyy-mm-dd)