

## Registration Intake Form for Accessibility Services

This document is required by all students who would like to access accommodations while studying at Heritage. In addition to this intake form, you will be required to supply disability verification documents to support your request. Please note that accommodation plans offered in a post-secondary institution will vary from those offered to you in secondary school.

### SECTION ONE:

#### Student Contact Information

First Name	
Last Name	
Preferred Name	
Heritage Student ID	
Date of Birth	
E-mail address	
Address during studies	

Are you applying for OSAP funding?    Yes    No    Maybe

Heritage Program Name:

Course load that you will be studying at:

Full-time (3 or more courses)

Part-time (1-2 courses)



**Personal Advocate**

Do you have a personal advocate (parent, family member or friend) that you would like to share your accessibility information with? They will have the ability to speak with the Accessibility Team office directly. Yes No

Name of advocate	
Relationship to you	
Advocate phone number	
Advocate e-mail address	

Does your advocate already have access to your disability and personal health information? Yes No

Do you grant permission for the Accessibility Team to discuss your information with your advocate? Yes No

Please list any exceptions that you have regarding sharing information with your advocate:

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**SECTION TWO:**

**Disability Information**

What is/are your primary diagnosis/es:

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Is this a permanent disability?  Yes  No

If not, when was the onset of disability? \_\_\_\_\_

If this is a temporary disability, what is the expected duration? \_\_\_\_\_

Additional disabilities or information we should know:

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\_\_\_\_\_  
\_\_\_\_\_

Have you received accommodations prior to attending Heritage?  Yes  No

From:  High School  Previous Post-Secondary

**SECTION THREE:**

**Permission to Coordinate Services**

Student accessibility is an important part of success at Heritage. There are supports available to students to help meet their academic goals. Information pertaining to a student’s disability is treated with care and confidentiality. This information is protected and secure. Information can be shared with other staff members and faculty to help ensure academic success, with permission from the student.

Please indicate which of the following departments at Heritage you grant the Accessibility Team permission to share your information with, *in relation to your disability and the positive steps needed to help you achieve academic success:*

- The Dean
- My faculty advisor/s
- The Registrar’s office
- My professors and teaching assistants – for only the courses I am enrolled in
- The OSAP office
- The Residence Directors
- Other \_\_\_\_\_



I grant permission for the professionals listed above to receive information from the Accessibility Team for the purpose of supporting me in my academic goals. *Note: this permission can be revoked at any time by contacting the Accessibility office in writing.*

Yes       No

I grant the Accessibility Team permission to disclose my disability and/or diagnosis/es.

Yes       No

By signing this document at the bottom, I am agreeing to the statements I have chosen here.

**SECTION FOUR:**

**Self Reporting of Disability and Current Concerns**

Please give a brief description of your disability and how it impacts your learning or daily living:

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What are your academic concerns related to your disability?

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Is there anything else we should know?

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**SECTION FIVE:****Documentation**

To protect the integrity of a rigorous academic environment, we require documentation verifying the existence of a disability from a registered healthcare professional who is authorized to make a relevant diagnosis and recommendations. Please contact the Accessibility Office for full details on what is required. The appropriate documentation issued by Heritage must be completed by the student's healthcare provider.

Do you have any of your own documentation available?

 Yes No

Please indicate what documentation you already have:

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**Please note that psycho-educational assessments for learning disabilities** must not be more than 3 years old if done before age 18, with adult and post secondary recommendations. If the assessment was done after age 18, the assessment must not be more than 5 years old. IEPs from secondary school and post-secondary institutions are not considered for accommodations. There are no exceptions to these requirements.

**SECTION SIX:****Student Signature**

I attest that the information I have provided is correct and true. I affirm that I am granting permission to the parties listed above to receive information from the Accessibility Team office, to help me obtain my academic goals.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by the Accessibility Team: Date: \_\_\_\_\_ by: \_\_\_\_\_

Via:  E-mail

In-Person

Mail

Fax