

# Student Intake Form

(To be completed by student)



Date:

Please email the completed form to [studentaccessibility@ontariotechu.ca](mailto:studentaccessibility@ontariotechu.ca)

## Student Information

Name:		Student Number:
Preferred name:	Preferred pronoun:	Date of birth:
Ontario Tech Email	Alternate email:	
Phone:	Cell number:	
Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living arrangements: <input type="checkbox"/> On Campus Housing (Residence) Room #: <input type="checkbox"/> Off Campus Housing (Village Suites, apt., renting room) <input type="checkbox"/> Home or Family Home Address during school year:		
Dependents (e.g. children): <input type="checkbox"/> Yes Number: <input type="checkbox"/> No	Transportation to school: <input type="checkbox"/> Public transportation <input type="checkbox"/> Drive or carpool <input type="checkbox"/> Bike <input type="checkbox"/> Walk	Employment during school year: <input type="checkbox"/> Yes Hours per week: <input type="checkbox"/> No
Faculty:		Program:
Career goals or future plans:		
Ontario Tech Start Date (e.g. 2019)	OSAP Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> Applied and accepted <input type="checkbox"/> No <input type="checkbox"/> Applied and pending <input type="checkbox"/> Unsure <input type="checkbox"/> Applied and denied <input type="checkbox"/> Out of province or international funding <input type="checkbox"/> Have not applied	
Referred by (specify: e.g. guidance counsellor, physician, academic advisor, professor etc.):		

## Type of Disability (Please check all that applies):

- |   |   |
|---|---|
| <input type="checkbox"/> Acquired brain injury or head injury     | <input type="checkbox"/> Medical (chronic or acute)   |
| <input type="checkbox"/> Attention deficit Disorder (ADD or ADHD) | <input type="checkbox"/> Mental health or psychiatric |
| <input type="checkbox"/> Autism spectrum disorder (ASD)           | <input type="checkbox"/> Mobility                     |
| <input type="checkbox"/> Concussion                               | <input type="checkbox"/> Severe allergy               |
| <input type="checkbox"/> Hearing impairment                       | <input type="checkbox"/> Visual impairment            |
| <input type="checkbox"/> Learning disability                      | <input type="checkbox"/> Other (specify):             |

## Documentation Information

What kind of documentation do you currently have?

- ☐ Ontario Tech SAS documentation form
- ☐ Health care professional's note or letter
- ☐ Individual Education Plan (IEP) or IPRC
- ☐ Psychoeducational assessment
- ☐ Ontario Tech medical statement
- ☐ OSAP verification of permanent disability form
- ☐ No documentation

My documentation:

- ☐ has been submitted or delivered to SAS
- ☐ is attached with this intake form
- ☐ will be submitted to SAS (email, mail, fax)
- ☐ other (specify):

## Other questions

Current concerns, needs or questions:

Please indicate the supports, services or accommodations that you are requesting and how they will help:

Please describe your disability and how it affects your performance as a student:

Please describe your strengths and strategies that are working well for you: