

Student Intake Form

(To be completed by student)



Date:

Please email the completed form to 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? | My documentation: |
| <input type="checkbox"/> Ontario Tech SAS documentation form | <input type="checkbox"/> has been submitted or delivered to SAS |
| <input type="checkbox"/> Health care professional's note or letter | <input type="checkbox"/> is attached with this intake form |
| <input type="checkbox"/> Individual Education Plan (IEP) or IPRC | <input type="checkbox"/> will be submitted to SAS (email, mail, fax) |
| <input type="checkbox"/> Psychoeducational assessment | <input type="checkbox"/> other (specify): |
| <input type="checkbox"/> Ontario Tech medical statement | |
| <input type="checkbox"/> OSAP verification of permanent disability form | |
| <input type="checkbox"/> No documentation | |

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: