REQUEST FOR SUPPORT

To access Centre for Accessible Learning (CAL) services when studying at: Ottawa, Perth or AC Online.

INSTRUCTIONS

- Complete this form and submit with disability documentation to the Student Support Services' Welcome Centre – contact details are on page 3.
  - Students who cannot provide documentation may be eligible for temporary support and academic accommodations, until documentation becomes available.
- **Apprentices** – contact the Apprenticeship Success Centre in CA102 or asc@algonquincollege.com
- **Admissions Assessment Accommodations**: Do not complete this form. Submit documentation to the attention of CAL Test Services in E304e or caltestservices@algonquincollege.com

PERSONAL INFORMATION

Student ID: _____   **Name:** _____

Date of birth: _____   **Preferred Name**: _____

Pronoun: _____

Student phone number: _____   **Can we leave a message?** ☐ yes or ☐ no

Student email: _____

Local student address: _____

Emergency contact (name, phone number, and relationship to student):

_____

Please note: This information is for emergency purposes only. It is not a consent to release information. Due to confidentiality of services, students 18+ will be the sole contact for appointment arrangements.

☐ I am already an Algonquin student attending classes. Start date: _____

☐ I plan to study at Algonquin starting in (month/year): _____

Program name (example Business-Marketing): _____

My program has: ☐ Co-op   ☐ Placement   ☐ Labs   ☐ Dual Credit   ☐ Academic Upgrading

Student status: ☐ Full Time   ☐ Part Time   ☐ International

Campus: ☐ Ottawa   ☐ Perth   ☐ AC Online

Funding source: ☐ OSAP   ☐ Better Jobs Ontario   ☐ WSIB   ☐ No funding
☐ Other _____

<u>Welcome Centre Use only</u>

Student has been advised to submit ☐ MIRF ☐ OSAP-DVF ☐Other: _____

DISABILITY INFORMATION

1. **How do you identify your disability or suspected disability?**

☐ ADHD   ☐ Autism   ☐ Brain Injury   ☐ Learning Disability   ☐ Mental Health

☐ Hearing Impairment: If so, do you need   ☐ ASL interpreter and/or ☐ closed captioning

☐ Medical / Physical: If so, do you need ☐ height adjustable desk* ☐ seating*

☐ Visual Impairment: If so, do you need ☐ low vision classroom accommodation   ☐ Braille

☐ Other: _____.

*__Please note:__ Approved specialized classroom equipment requests **may take 6 to 8 weeks to arrange.**

2. **Are you submitting disability documentation with this form?**
    ☐ Yes – skip to question #3
    ☐ No – please indicate reason below:
       ☐ I had documentation in the past but no longer have it
       ☐ I have an appointment to see a doctor or other health care professional. I will ask for documentation to be completed. Approx. date of appointment: _____
       ☐ I think I have a disability and may need to be assessed
       ☐ Other: _____

3. **What is the reason you are registering with CAL? (check all that apply)**
    ☐ I need academic accommodations and disability-related support services
    ☐ I need co-op/placement workplace accommodations. Co-op/placement term start date: _____
    ☐ I was referred to CAL by a college faculty or staff member to discuss my needs
    ☐ Other: _____
    ☐ I was referred to CAL to discuss a retroactive accommodation*

    Retroactive accommodations are requests made after a scheduled evaluation, test, examination, or assignment has taken place and where the student has failed to meet performance expectations due to a sudden change in health status or newly diagnosed disability.

4. **Briefly describe how you are impacted by your disability (or suspected disability) in an academic setting, e.g., concentration, meeting deadlines, writing tests:**

APPOINTMENT INFORMATION

CAL currently offers remote, telephone and in-person appointments. Please identify your preference to the Welcome Centre when booking appointments.

CONFIDENTIALITY

All student information is treated as strictly confidential. Use of the service is voluntary. Your disability documentation will be stored in a secure manner at the CAL and will not be released to third parties without your written consent in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIPA). By submitting this form, you are requesting services from the Centre for Accessible Learning at Algonquin College.

SUBMIT PAGES 1 & 2 TO THE STUDENT SUPPORT SERVICES WELCOME CENTRE

Next Steps: CAL staff will review this form and your documentation. Welcome Centre staff will contact you to arrange your first appointment. **Be sure to check your voicemail and/or email for appointment information.**

Submit via Email: WelcomeCentre@algonquincollege.com
or Fax: 613-727-7862

To protect your personal information, it is recommended you use one or more of the following security options when submitting the Request for Support and/or medical documentation.

1. When possible, use your Algonquin College email account
2. Add a password to the documents you are submitting. **Important:** Send the password in a separate email so your documents can be opened