STANDARD REGISTRATION REQUEST FOR SUPPORT

To access Centre for Accessible Learning (CAL) services when studying at the **Pembroke Campus**.

Standard registration is best suited for students who would like an initial face-to-face (in-person or virtual) appointment with an Accessibility Counsellor. During your appointment, you will have the opportunity to review CAL supports and services and discuss your needs in detail.

INSTRUCTIONS

Complete this form and submit with disability documentation to CAL Pembroke – contact details are on page 4.
- Students who cannot provide documentation may be eligible for temporary support and academic accommodations until documentation becomes available.

DO NOT USE THIS FORM IF YOU:
- are an **Ottawa Campus** student – Contact the Welcome Centre at welcomecentre@algonquincollege.com or 613-727-4723 ext. 7200
- are an **Apprentice** – Contact the Apprenticeship Success Centre by email at asc@algonquincollege.com or 613-727-4723 ext. 7139

PERSONAL INFORMATION

Student ID: _____   **Name:** _____

Date of Birth: _____   **Preferred Name**: _____

Pronouns: _____

Student Phone Number: _____   **Can we leave a message?** ☐Yes or ☐No

Student Email: _____

Student Alternate Email: _____

Local Student Address: _____

Emergency Contact:

Name: _____   **Phone Number:** _____

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.

Program Name (e.g., Personal Support Worker): _____

Program Start Date: _____

My program has: ☐Co-op ☐Placement ☐Labs

Student Status: ☐Full-time ☐Part-time ☐International

Funding Sources: ☐Better Jobs Ontario ☐WSIB ☐No funding ☐Other _____

☐ OSAP • If eligible, have you submitted your Disability Verification Form to OSAP? ☐Yes or ☐No

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

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

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

☐ Other:

DOCUMENTATION INFORMATION AND ACCOMMODATION NEEDS

1. **Are you submitting disability documentation with this form?**
   a. ☐ Yes
   b. ☐ No – please indicate reason below:
      i. ☐ I had documentation in the past but no longer have it.
      ii. ☐ 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: _____
      iii. ☐ I think I have a disability and may need to be assessed.
      iv. ☐ Other:

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

3. **Describe how your disability affects you in an academic setting:**

4. **If you are seeking testing accommodations, would you like them put in place before your scheduled appointment with an Accessibility Counsellor?**

    ☐ Yes ☐ No

    By selecting yes, your documentation will be reviewed for the purpose of temporary test accommodations. You will get an email with instructions on how to access the accommodations while you wait for your initial appointment with an Accessibility Counsellor.

5. **What testing accommodations are you seeking:**

    ☐ Extra time ☐ Reading software ☐ Writing software

    ☐ Calculator ☐ Other:

6. **Is there any additional information you would like to share about your accessibility needs?**

CONFIDENTIALITY

NEXT STEPS

1. Submit this form and your documentation to CAL Pembroke:
   - Email: calpembroke@algonquincollege.com
   - Fax: 613-735-4703
   - In Person: Room 126
     - 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.
       - When possible, use your Algonquin College email account.
       - Add a password to the documents you are submitting. **Important:** Send the password in a separate email so your documents can be opened.

2. CAL staff will review this form and your documentation and will contact you to arrange your first appointment. Be sure to check your voicemail and/or email for appointment information.