



STUDENT DISABILITY ACCOMMODATION REQUEST FORM

Student Information

This form is to be completed by any student (independently or in collaboration with the Accessibility and Academic Accommodations Specialist) who is new to the Accessibility and Academic Accommodations Office and will be used to connect you with the appropriate services. Independently completed forms should be sent to accessibility@yorkvilleu.ca.

First Name (Required) *

Last Name (Required) *

Preferred Name

A short form or alternate name you prefer people use when addressing you.

Yorkville U/TFS Student ID Number (Required) *

Pronouns () (Optional):

- She/Her
- He/Him
- They/Them
- Prefer not to answer

This information is collected so that we may address you in the most inclusive way.

Date of Birth(Required) *

Email(Required) *

Please use your School e-mail address

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Government Student Loans

Are you eligible for Government Student Loan

- Yes
- No
- Not Sure

Do you have a confirmed "Permanent Disability" status with Government Student Loan

- Yes
- No
- Not Sure

Degree Level

- Degree Level Undergraduate
- Degree Level Diploma
- Degree Level Masters

Cell Phone

Alternate Phone

Academic Standing

Student Status (Required) *

Please choose one of the following statements

- Student Status – Future student: not yet admitted to Yorkville U or Toronto Film School
- Student Status – New Student: first year on campus
- Student Status – Continuing student but new to the Accessibility and Accommodations office

Academic Deadline

Do you have a pressing academic concern that requires attention in the near future?

- YES
- NO

Disability Information

We acknowledge that the term "disability" makes some people uncomfortable and that some people may not be comfortable disclosing their disability or may not identify as having a disability. We use the term

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specifically with regards to protecting your rights and connecting you with the appropriate resources. You have many strengths and abilities! Disclosure of disability diagnosis is not required but may assist the Accessibility and Academic Accommodations Specialists in supporting disability-based needs.

Please indicate the disability you experience that has the greatest impact on your learning. (optional)

- Acquired Brain Injury
- Concussion
- Attention Deficit/Hyperactivity Disorder
- Hearing
- Vision
- Speech
- Medical: Chronic or Permanent
- Medical: Temporary
- Mental Health: Chronic
- Mental Health: Newly Identified
- Student Status-New Student: first year on campus
- Mobility/ Dexterity
- Specific Learning Disability
- Other
- Prefer not to disclose at this time

Details: Other

If you have selected "other" above, please specify the nature of your disability.

Additional Disabilities

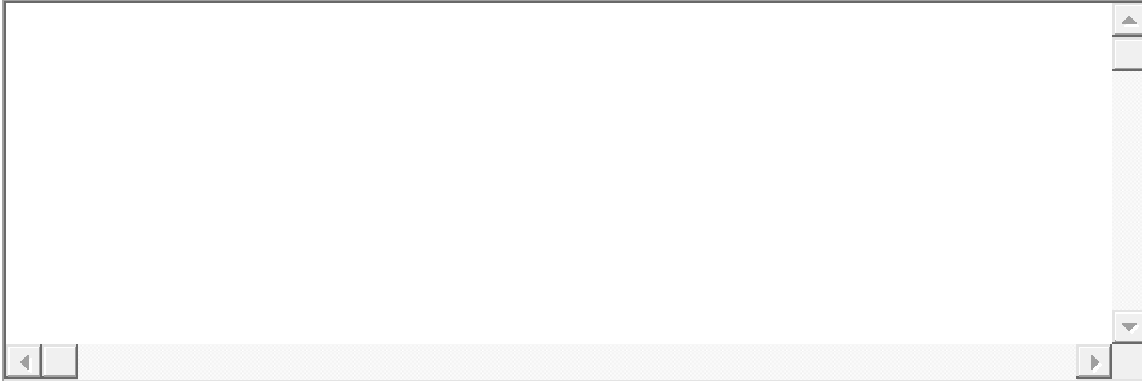
If you experience additional disabilities, please indicate them here.

Current Functioning

Impact on Learning or Daily Living (Required) *

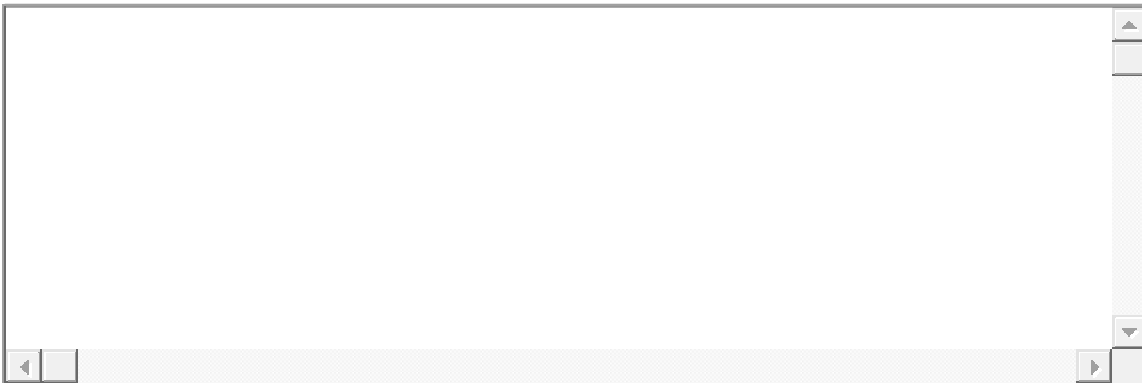
Please give a brief description of your disability and how it impacts your learning at university.

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Current Academic Concerns (Required) *

What are your current academic concerns, needs or questions related to your disability?

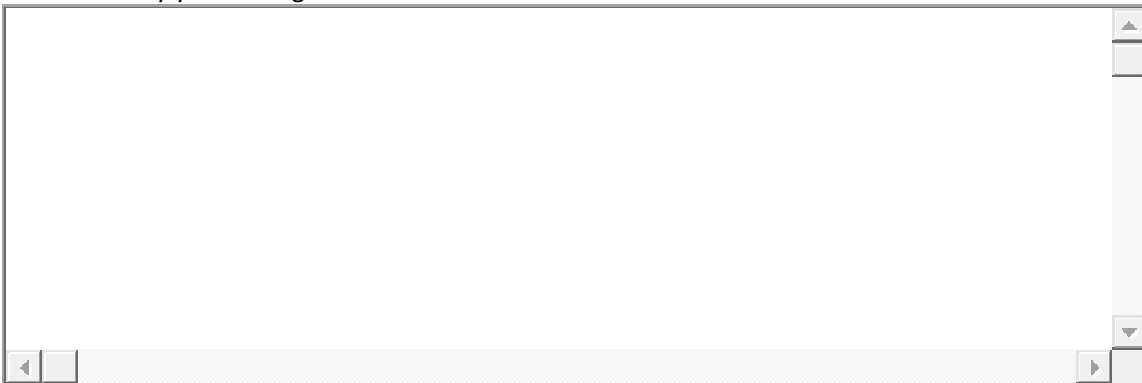
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Temporary Situation

If this is a temporary situation, what is the expected duration?

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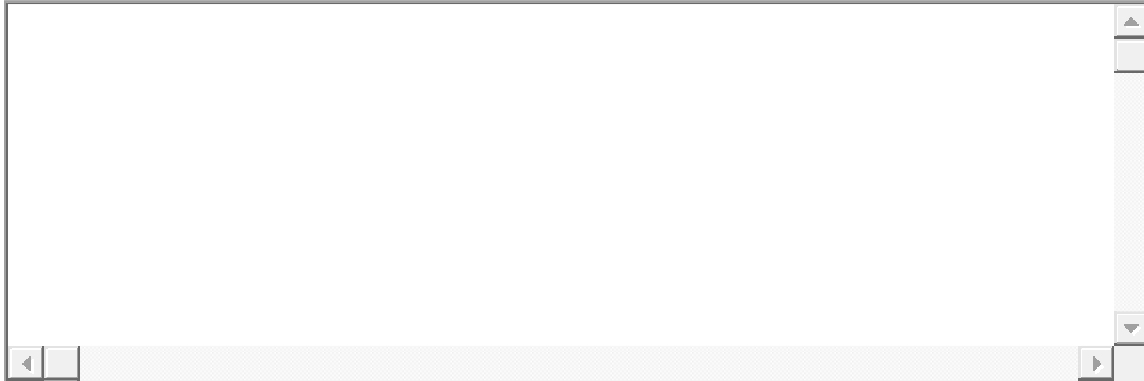
Please identify your strengths.

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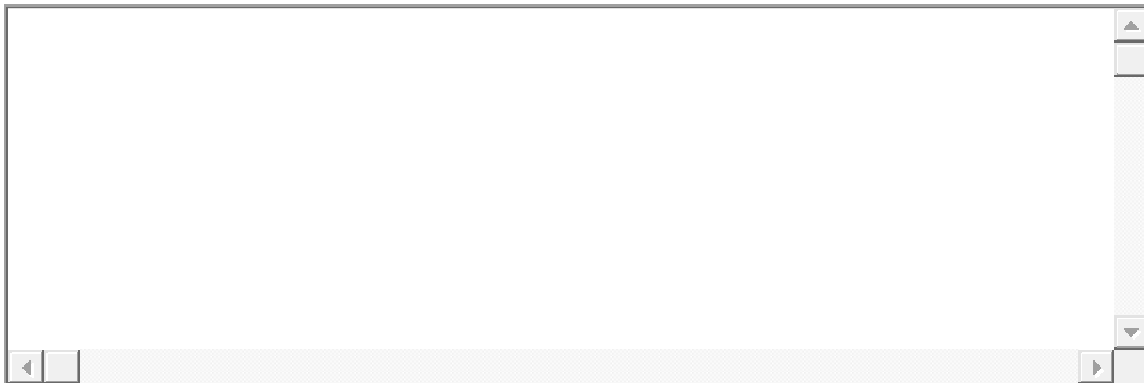
Have you used any strategies that have helped you manage any particular learning challenges?

- YES (please specify below) NO UNCERTAIN

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Resources

Please describe the supports, services or accommodations that you think you will need at Yorkville U or TFS based on your above noted limitations.

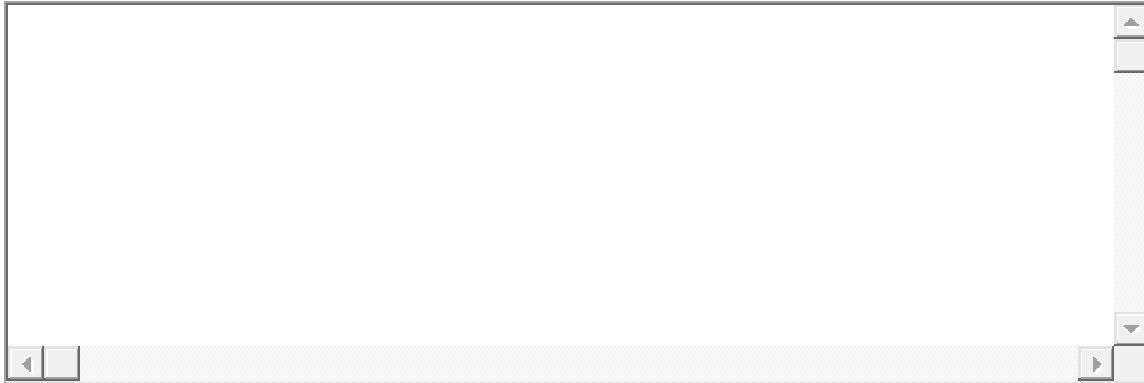
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Accommodations Prior to Yorkville U or TFS (Required) *

Did you receive accommodations in high school or at another post-secondary institution?

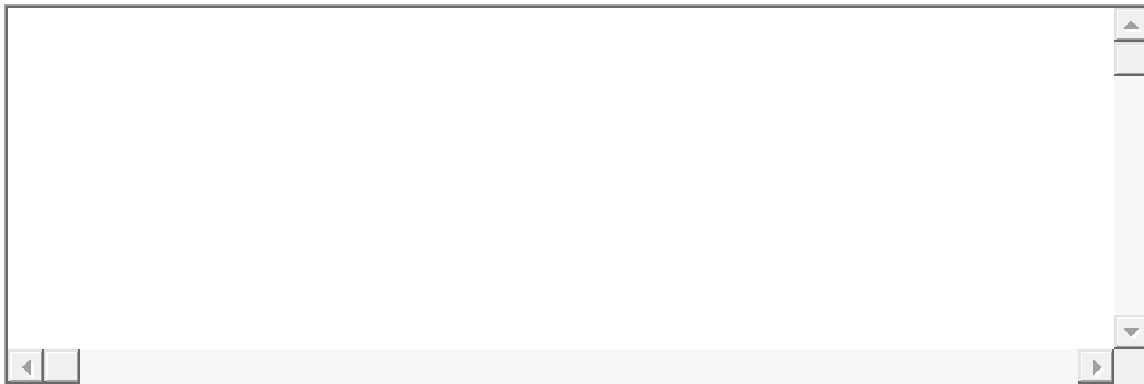
- YES (please specify below) NO UNCERTAIN

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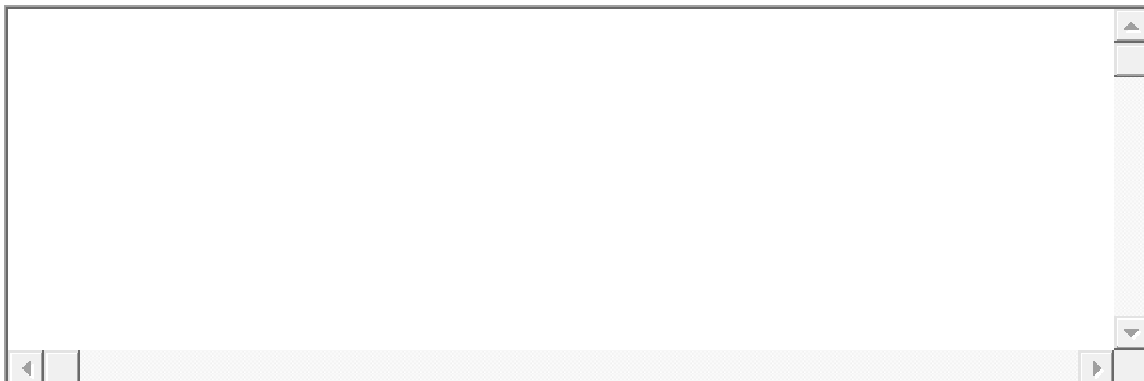
Have you used any other services at Yorkville U or TFS, in addition to accommodations, in relation to your disability? (Counselling, Career Services, etc.)

- YES (please specify below) NO UNCERTAIN



Have you used assistive software and/or technology to offset the impact of the disability on your studies (e.g. Read & Write Gold, Kurzweil, Dragon Naturally Speaking, Zoom Text, etc.)?

- YES (please specify below) NO UNCERTAIN



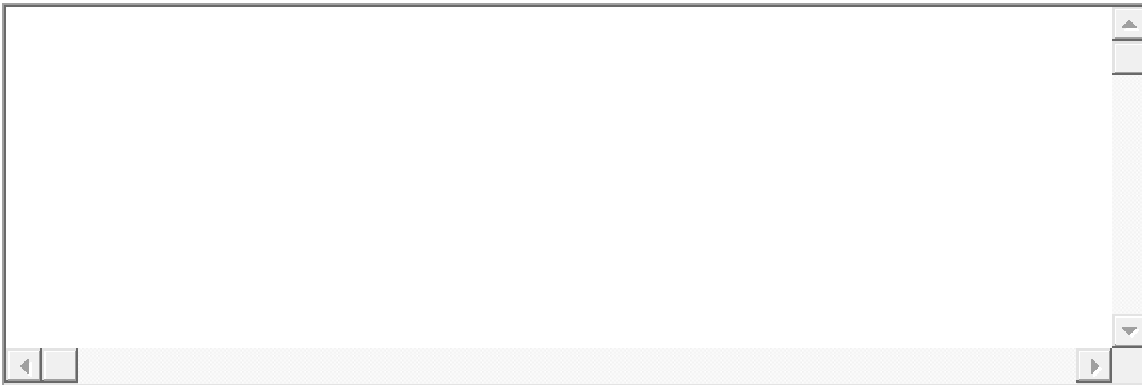
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Have you used any assistive devices in the past (e.g. a back support, an ergonomic chair, etc.)?

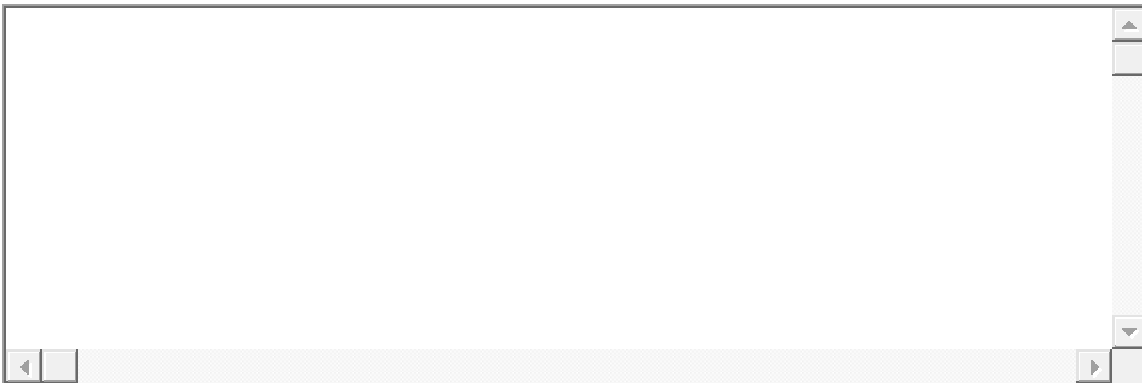
YES (please specify below)

NO

UNCERTAIN

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Please provide any other information that you think we should know about you.

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Documentation

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To protect the integrity of a rigorous academic environment, we require documentation verifying the existence of a disability from a registered health professional who is authorized to make a relevant diagnosis.

Documentation Available? (Required) *

YES

NO

Please note that documentation related to your request may be needed. Any documentation of a personal or medical nature can be submitted to the Academic Accommodations and Accessibility Office, who will not share this documentation with others without your consent. Only information related to any functional restrictions or circumstances that require accommodation as per the Functional Limitations Form for Accommodations as appropriate may be shared to meet your accommodation needs and with your consent. The confidentiality of your personal and/or medical information will be safeguarded by the Academic Accommodations and Accessibility Office in accordance with privacy regulations.

Student Acknowledgement & Agreement regarding Confidentiality

I understand that the personal information related to my academic accommodation request, including any supporting documentation, shall be treated as strictly confidential, and shall not be disclosed to other persons without my consent. Information collected will remain separate from my student file. I understand that, in order to implement any academic accommodations, basic information may need to be shared with my instructor or others involved in the accommodation only to the extent necessary and only with my consent.

Signature:

Date: