



CONFIDENTIAL ONCE COMPLETED

Request for Accessibility Services

Name : _____ Program of Study: _____

Student Number: _____ Program Advisor: _____

Telephone: _____ Email: _____

Prior Accommodations Received to Date

Please describe any accommodations that you have previously been granted for education purposes. Include any accommodations that were found to be useful, as well as any that were found to be unhelpful. The purpose is to help us learn from your past experience concerning which accommodations have been most effective in supporting your learning needs.

Accommodations /Services Used	Secondary	Post-Secondary	Date (Years)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate the nature of your disability:

(Please provide professional documentation, completed within the last three years, if any of the following apply)

- Mobility impairment
- Acquired Brain Injury
- Aspergers Syndrome/Autism spectrum
- Chronic pain
- Emotional or psychological condition: _____
- Learning disability (including ADD/ADHD): _____
- Medical condition: _____

Please provide specific information about your disability (including medication): _____

Please indicate what academic accommodation(s) you are requesting:

- Time extensions for assignments, tests, exams
- Number of exams limited to one per day
- Separate, quiet space for writing tests, exams
- Use of Booth UC Accessibility laptop computer for writing tests, exams
- Use of Booth UC Accessibility speech to text software (Dragon Naturally Speaking) for writing exams
- Volunteer note taker request
- Audio record lecture; may request lecturer notes/ppt
- Alternate format (e.g. pdf) of course texts
- Extended Academic Learning Centre supports (i.e. more than 2 appointments per week)
- Other – Booth UC will provide specialized accommodations based on documented need and approval from the Dean of Students. Please provide a brief description of specialized accommodations required. A meeting with the Dean of Students is required prior to approval:

Please list specific computer equipment or assistive device you are currently using:

Additional comments:

Please include all required medical documentation with this form. Your request for accommodation cannot be approved until all documentation has been received.

The information I have provided on this form is, to the best of my knowledge, accurate. I understand that relevant information collected on this form may be shared with the necessary personnel of Booth University College for the purpose of establishing or reviewing academic accommodations for my course work and examinations.

By signing this form, I am agreeing to receive print and electronic communications from Booth University College

Signature

Date

In keeping with the Federal Privacy Law, personal information collected will be used for the purposes of providing Accessibility Services for students, including arrangements for academic accommodations in student courses, provision of requested support services, and referrals for counselling services. Personal contact information will be used in case of an emergency. If you have any concerns about this, wish to opt out, or for more information on our Privacy Policy, please contact our Privacy Officer at privacy@BoothUC.ca, call 947-6701, or check out our website at www.BoothUC.ca.