

Registration Form

Document available in alternate format upon request.

Section 1 – Demographic Information

First Name: _____ Last Name: _____

Pronouns: *(optional)* _____ Student #: _____

Phone #: _____ Check if we can leave a message

Local Address: _____

LU email: _____ Other email: _____

*Only to be used if you do not yet have a Laurentian email account.

Who referred you to our services? (Check all that apply)

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Friend | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Instructor | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Other (specify): _____ | | |

Section 2 – Academic Information

If you are not a current student, indicate your start date. Year: _____ Fall Winter Spring

Program: _____

What year of your program are you in?

- 1 2 3 4

Do you intend to complete your studies full-time or part-time?

- Full-Time Part-Time (see definition)

What type(s) of courses will you be taking throughout your degree?

- On Campus Online Both

What language(s) of courses will you be taking?

- English French Both

Are you eligible for OSAP or any other provincial or territorial student aid? Yes No Unsure

Section 3 – Disability Information

The Accessibility Services office requires documentation of the student’s health condition/disability in order to establish eligibility and provide appropriate services. The Ontario Human Rights Commission protects individuals from discrimination based on disability. The medical documentation you are asked to provide is to verify that a disability and/or health condition is present, and to detail the associated functional limitations. Disclosure of a specific diagnosis is NOT required to access academic accommodations, services, and support. However, disclosure of a diagnosis or disability type is often useful to your Accessibility Advisor to better understand your needs. *Please note: there are certain circumstances where a diagnosis is required to establish eligibility for certain externally-funded supports/services.*

A diagnosis of a disability/health condition in and of itself does not automatically qualify an individual for accommodations; documentation must also support the related need for accommodations and/or services.

What is your disability status?

Permanent Chronic Temporary In Diagnosis Unsure

What type(s) of accommodation(s) are you requesting?

Academic Placement Parking Residence

Select the type(s) that best describe your disability/disabilities:

Attention Brain Injury Hearing/Vision Mental Health
 Developmental Medical Condition Physical/Functional Unsure

Have you had academic accommodations in the past? If so, please specify below:

Have you ever used assistive technology or specialized software/equipment? If so, please specify below:

Do you have any documentation relevant to your disability/health condition already on-hand? Yes No
 (Examples include: IEP, note from physician, psychoeducational assessment, letter of accommodation from past institution, OSAP Disability Verification Form, etc.) ***If so, please attach it when you return this form to the Accessibility Services office.***

Section 4 – Availability

To facilitate booking your intake appointment with an Accessibility Advisor, please indicate your general availability by checking the boxes below. (You can provide more details by email if necessary.)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	

The information you provide on this form will be kept strictly confidential within your file at the Accessibility Services office ONLY, and does not appear on any official Laurentian University records, test results, academic transcripts, or graduation documentation.

Signature: _____ Date: _____

Please return completed form and any supporting documentation to
accessibilityservicesinfo@laurentian.ca.