□ Entered on Clockwork

□ Updated Accomm. Date

□ Entered on the database

*FOR OFFICE USE ONLY*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ App’t. Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention: □ BW □ LL □ LS □ MB □ MM □ PM □ SB □ SH □ TG □ VB □ WW Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NEW STUDENT INTAKE FORM** |
| This form is to be completed by any student who is new to Student Accessibility Services (SAS)and will be used to direct you to an advisor |
|  |
| STUDENT INFORMATION – PLEASE PRINT |

|  |  |  |  |
| --- | --- | --- | --- |
| **U of G ID #** | **First Name** | **Last Name** | **Preferred Name** |
| **Gender** □ Male □ Female □ Transgender | **Birthdate** (month/day/year) |  U of G Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mail.uoguelph.ca |
| **Phone** | **Alternate Phone** | **Are you eligible for OSAP?**□ Yes □ No □ Unsure |
| **Degree Program**□ B.A.Sc. □ B.A. □ B.A.S. □ B.Comm. □ B.Comp. □ B.Eng. □ B.Sc. □ DVM □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are you a co-op student?** □ Yes □ No | **Are you an international or exchange student?** □ Yes □ No | **Are you a Graduate student?**□ Yes □ No  |

**DISABILITY INFORMATION**

**Please check (**√**) one or more of the following to describe your disability.**

|  |  |  |  |
| --- | --- | --- | --- |
| □ acquired brain injury | □ hearing | □ mental health | □ specific learning disability |
| □ attention-deficit/hyperactivity | □ medical (temporary) | □ physical | □ vision |
| □ autism spectrum disorder | □ medical (permanent) | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| If you have checked more than one disability, please indicate the **ONE** which has the greatest impact on your learning: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **TUITION RELEASE:**  |  |
| **□**  I have a permanent/continuing disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing when taking 2.0 credits, and acknowledge that my eligibility will be recorded on my student account, which is maintained by the Registrar. Details available at [www.uoguelph.ca/sas/](http://www.uoguelph.ca/sas/whenwehavealocation)tuition-release  |

**DOCUMENTATION INFORMATION**

All requests for accommodations must be supported by the appropriate disability documentation. Please check the appropriate statement below. Details available at [www.uoguelph.ca/sas/documentation](http://www.uoguelph.ca/csd/documentation)

|  |  |
| --- | --- |
| **My Documentation:** |  |
| □ has already been forwarded to SAS | □ is attached to this New Student Intake Form |
| □ will be mailed or faxed to SAS | □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Over . . . . .

**CURRENT SEMESTER LEVEL**

**Please check the appropriate statement below to describe your current semester level.** (Choose only one)

 **□** I WILL BE ENTERING **SEMESTER ONE** FOR THE FIRST TIME IN THE FALL WINTER SEMESTER

 **□** I AM A **CURRENT** STUDENT AT U of G BUT HAVE NOT CONNECTED WITH SAS UNTIL NOW.

I AM IN SEMESTER AND AM TAKING COURSES

 **□** I AM A **TRANSFER STUDENT**

Did someone refer you to the SAS? If yes, who?

**NATURE OF YOUR DISABILITY**

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

What are your primary **academic** concerns related to your disability?

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

**ACCOMMODATION USED IN THE PAST**

|  |  |
| --- | --- |
| Were you provided with accommodation in high school or another post-secondary institution | **□ Yes □ No** |
|  |  |
| If yes, please check those that were helpful to you: |  |
| □ Extra time for tests/exams | □ Use of a computer for tests/exams |
| □ Writing tests/exams in a quiet environment | □ Note-Taking |
| □ Use of adaptive technology | □ Other (please specify) |
| * E-text, large print or audio books
 |  |
| * Video Captioning or description
 |  |

|  |
| --- |
| **Please submit this completed for to Student Accessibility Services:** |
| * **In person at the SAS office located on the third floor of the UC**
 |
| * **Fax to (519) 824-9689**
 |
| * **Email** **accessibility@uoguelph.ca**
 |

*Updated August 2016*