

## Accessibility Services: Registration for New Students

Welcome to Accessibility Services!

Accessibility Services at St. George Campus supports students with a disabilities enrolled at the University of Toronto. Our mission is to provide students with a network of resources to succeed at the University of Toronto, both inside and outside the classroom. We strive to create a safe and comfortable community for students where they can navigate their disability and related barriers, facilitate peer support and interactions, and provide various academic and social opportunities.

At Accessibility Services we uphold the [Ontario Human Rights Code](#), the [Accessibility for Ontarians with Disabilities Act](#) and the University of Toronto's [Statement of Commitment to Persons with Disabilities](#).

Enclosed is a registration package for students who are new to Accessibility Services. In order to register for Accessibility Services please follow the *Accessibility Services: Steps to Register* checklist on the next page.

Please Note:

- If your **home campus** is University of Toronto, Mississauga (UTM), or University of Toronto Scarborough (UTSC) but you require academic accommodations and support at **St. George Campus**, you first need to register with Accessibility Services at your home campus. If you are a UTM student please visit <https://www.utm.utoronto.ca/accessability/>. If you are a UTSC students please visit <http://www.utsc.utoronto.ca/~ability/>.
- If you are a **Continuing Education Student** at University of Toronto please contact, 647-361-2682 (press 2) or email [learn@utoronto.ca](mailto:learn@utoronto.ca) to make arrangements for this service.

In order to receive academic accommodations for the December 2017 exam period, students must [submit completed registration packages](#) to Accessibility Services by November 6, 2017.

## Accessibility Services: Steps to Register

### **Step 1: Find the Registration Package that best describes your Category of Disability**

- Choose a registration package that best describes the category of disability or the challenges that impact your learning. Registration packages can be found on the webpage listed below.

<https://www.studentlife.utoronto.ca/as/new-registration>

**Note:** If you have more than one disability you need fill out each package that applies to you.

### **Step 2: Fill out the Student Information portion of the registration package(s)**

Please do this to the best of your ability and with as much detail as possible.

### **Step 3: Documentation**

- Please review the required documentation that you will need to submit.

Each registration package outlines the documentation that is required in order to receive support from Accessibility Services. If you are unsure about what documentation is required, please visit, call, or email the front desk for assistance.

**Note:** The provision of all reasonable accommodations and services is assessed based on the current impact of the disability on academic performance. A diagnosis is requested but not required for students to receive academic accommodations.

- Obtain and attach the required documentation. If possible, make an appointment with the Health Care Practitioner. Please record the date of the appointment here: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If you are seeking accommodations but do not yet have the documentation required, interim accommodations may be provided.

### **Step 4: Submit the completed Registration Package**

- Submit your completed registration package to Accessibility Services. This can be done by email, fax, or mail, or you can submit it in person to the front desk at Accessibility Services.

If you are still waiting to receiving your documentation, submit the Student Information portion of the registration package(s) and attach a note that explains the status of your documentation.

### **Step 5: Make an Intake or Consultation Appointment**

- The Front Desk staff will contact you to set a date and time for an intake or consultation appointment with a disability counsellor. This can be done in person, over the phone, or by email.

**Note:** Appointment time slots fill up quickly! Pay close attention to your U of T email and/or your voice mail message and respond to messages as soon as possible to get the earliest available appointment.

If for any reason you cannot attend an appointment, please contact the front desk to cancel or reschedule as soon as possible.

For Office Use Only

Date Received:

Referred to:

**Student Information Form**  
**For Students with Acquired Brain Injury or Concussion**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

University of Toronto Student Number: \_\_\_\_\_

University of Toronto Email: \_\_\_\_\_

Telephone:

May we leave a message? Please circle below

Home: (\_\_\_\_) \_\_\_\_\_ Yes No Name and Number only

Mobile: (\_\_\_\_) \_\_\_\_\_ Yes No Name and Number only

1. What is your present status at the University of Toronto? (Check all that apply)

Undergraduate Student

Degree/Program: \_\_\_\_\_

Professional Faculty: \_\_\_\_\_

College (if an Arts & Science student): \_\_\_\_\_

Graduate Student

Degree/Program: \_\_\_\_\_

Professional Faculty: \_\_\_\_\_

Access Programs: Academic Bridging Program: \_\_\_\_\_ Transitional Year Program: \_\_\_\_\_

Other (e.g. Non-Degree, Visiting) Specify: \_\_\_\_\_

Incoming Student starting: \_\_\_\_\_ (e.g. Fall 2016, Winter 2017, etc.)

2. Have you registered with our service before? **Yes** **No**

If yes, who was your Disability Counsellor? \_\_\_\_\_

3. Are you an International Student? **Yes** **No**

If yes, please provide your home country. \_\_\_\_\_

4. If you are a Canadian student, please provide your home province. \_\_\_\_\_

5. Who referred you to Accessibility Services? \_\_\_\_\_

6. Do you require accommodation of any kind to participate in an intake interview with a Disability Counsellor?            **Yes**    **No**

If yes, please indicate the type of accommodation:

\_\_\_\_\_

7. What assistance are you seeking from Accessibility Services?

\_\_\_\_\_

\_\_\_\_\_

8. Please indicate the category of disability/ies:

- Chronic Health Issue (e.g. epilepsy, irritable bowel disorders, migraines)
- Head Injury (e.g. concussion, traumatic brain injury)
- Learning Disability or Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Mental Health Issue (e.g. anxiety, bi-polar, depression, disordered eating, OCD)
- Mobility / Functional Issue (e.g. use of a mobility device, repetitive strain injuries)
- Sensory Issue (e.g. legally blind, low vision, d/Deaf, hard of hearing)
- Temporary (please describe) \_\_\_\_\_

9. Describe your disability/ies in your own words.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is your disability (please check one):

- Permanent
- Progressive
- Temporary
- In the process of being assessed

11. Do you use an assistive mobility device?            **Yes**    **No**

If yes, please specify:    Power/manual wheelchair            Walker            Cane

12. Do you require any on-campus residence related accommodations?    **Yes**    **No**

If so, please provide more information about your needs:

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13. If you're seeking accommodation for any medication-related side effects, please provide information about how your medication impacts you:

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14. Has anyone ever told you that you may have a learning disability?    **Yes**    **No**

15. Did you recently (within 2 years) complete high school or studies at another educational institution?    **Yes**    **No**

If yes, please provide name of the educational institution: \_\_\_\_\_

If yes, please provide any disability-related accommodations you received at that educational institution (if any):

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16. How has your disability most recently impacted your academic functioning?

- Difficulty meeting deadlines and/or time management
- Concentration, focus, or attention issues
- Absences
- Difficulty completing required readings and/or understanding course material
- Difficulty with math
- Difficulty with presentations
- Difficulty with writing and/or academic writing and research
- Difficulty writing tests or exams

16. How has your disability most recently impacted your academic functioning? (continued)

Not meeting academic potential

Other (please explain) \_\_\_\_\_

17. What strategies do you use to manage the impact of your disability/ies on your academic functioning?

Academic Coach

Adaptive Technology/Equipment

Counselling/Therapy

Exercise/Meditation

Massage therapy

Medication

Physiotherapy

Tutoring

Other (Please describe) \_\_\_\_\_

18. Have you ever been on academic probation or suspension?    **Yes**    **No**

If yes, please provide details:

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19. Do you receive or have you applied for provincial financial aid? (For example: Ontario Student Assistance Program – OSAP)?    **Yes**    **No**

If yes, are you eligible to receive provincial financial aid?    **Yes**    **No**

20. What are your reasons for attending the University of Toronto? What are your academic or career goals?

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21. Do you have additional comments or questions? (If so, please add them in space below.)

## Documentation for Students with an Acquired Brain Injury/Concussion

Accessibility Services provides support for students with documented disabilities, including those with Temporary Disabilities. If you have sustained an injury that limits your ability to attend to your academic responsibilities, you may be eligible to receive alternative accommodations and support from Accessibility Services. In order to determine your eligibility, contact our office as soon as possible and an appointment will be arranged. Accessibility Services requires documentation to verify your injury, which is important to bring to your first appointment.

Please include the documentation completed by a physician, neurologist, neurosurgeon, psychologist or neuropsychologist with the following information:

- Date of Injury
- Diagnosis and/or detailed description of injury
- Treatment plan
- Prescribed and over-the-counter medications with dosages
- Anticipated length of recovery

Please also note:

- If complications arise, or recovery takes longer than anticipated, students will be asked to provide additional documentation. If cognitive related challenges persist after one year post injury, neuropsychological/cognitive assessment results will be needed to assist with accommodation planning. An adult cognitive assessment will be required for brain injuries sustained in childhood or adolescence with regards to residual cognitive challenges to help guide accommodations at the post-secondary level. Student may be eligible for a bursary/funding to assist with the costs of obtaining this type of assessment. Speak to your disability counsellor for further details.

**If mailing or faxing (416-978-5729) documentation please direct it to the attention of Accessibility Services.**

***Please return completed form to:***

*Accessibility Services, University of Toronto*

*455 Spadina Avenue Fourth Floor*

*Toronto M5S 2G8*

*TEL: 416-978-8060 FAX: 416-978-5729*

For further information please visit our website, <http://www.accessibility.utoronto.ca>

## Medical Certificate for Acquired Brain Injury/Concussion-Related Issues

Dear Health Care Practitioner,

This student is requesting disability-related supports and accommodations while studying at the University of Toronto. The student is required to provide the University with documentation that is:

- provided by a licensed health-care practitioner, qualified in the appropriate specialty
- thorough enough to support the accommodations being considered or requested

**Note:** The provision of all reasonable accommodations and services is assessed based on the current impact of the disability on academic performance. A diagnosis is requested but not required for students to receive academic accommodations, however, a confirmation of disability and an understanding of the functional limitations is required.

### CONFIDENTIALITY

**The collection, use, and disclosure of this information resides under the guidelines of the Freedom of Information and Protection of Privacy Act (FIPPA). Under this legislation information may be shared on a need to know basis if it is required by another U of T staff member in order to fulfill the responsibilities of their position. The documentation will be kept for a period of ten years.**

**To be completed by a regulated Health Care Practitioner – Please Print Clearly**

Patient's Name: \_\_\_\_\_

Patient's University of Toronto Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Year, Month, Day)

How long have you been treating this patient? \_\_\_\_\_

Last date of Clinical Assessment: \_\_\_\_\_

### Statement of Disability:

Please indicate the appropriate statement for this student in the current academic setting:

- Permanent disability with on-going (chronic or episodic) symptoms (that will significantly impact the student over the course of his/her academic career). This functional limitation is expected to remain with you for the rest of your life.
- Temporary with anticipated duration from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Year, Month, Day)  
\*If unknown, please indicate reasonable duration for which s/he should be accommodated/supported at this time **(please specify number of weeks/months or list the next**

**date you will review the symptoms).** \_\_\_\_\_



**Functional Impacts of Injury and Concurrent Conditions:**

Date of Brain Injury/Concussion: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

The provision of a diagnosis in the documentation is requested but not required, however, disability documentation must still confirm the student's type of disability and the functional limitations. If the student consents, please provide a clear diagnostic statement; avoiding such terms as "suggests" or "is indicative of". If the diagnostic criteria are not present, this must be stated in the report.

**Please note any FUNCTIONAL LIMITATION or concurrent conditions.**

Please note all applicable:

Primary:

\_\_\_\_\_

Secondary:

\_\_\_\_\_

Additional / Other:

\_\_\_\_\_

Impacts:

\_\_\_\_\_

**Medication(s):**

Potential side effects of medication(s) on academic performance:

\_\_\_\_\_

Anticipated Date of Recovery: \_\_\_\_\_

**Current treatment:** (Check all that apply)

- Physiotherapy
- Chiropractic treatment
- Massage therapy
- Occupational therapy
- Speech language therapy
- Outpatient ABI treatment program
- Counseling
- Neuropsychological Assessment/Counselling
- Other \_\_\_\_\_

**Impacts on Academic Functioning:**

Energy Level (please specify impact, e.g. fluctuating):

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Impact on sleeping cycles:

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Ability to manage full academic workload:

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Recommendations for assignments/tests/exams:

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Ability to manage practicum/placement activities (if applicable):

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**Impacts on Academic Work:**

- Reduced Attention and Concentration
- Communication difficulties
- Slowed information processing speed (needing longer to complete written work/ complete tests)
- Memory Difficulties (difficulty learning and/or retaining new material)
- Reduction in organization skills and time management skills
- Difficulties with Social interactions
- Physical fatigue or pain
- Visual difficulties restricting ability to: view screens, read academic materials
- Other/comments: \_\_\_\_\_

Does this individual require any adaptive equipment (laptop, voice recorder, furniture or seating in class), software (Inspiration, Kurzweil) or other supports (massage, light box, counseling, FM system, CCTV, hearing aid etc.) to achieve academic success?                      **Yes**                      **No**

Please be specific about what is required.

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## Health Care Practitioner Information

**Name of Health Care Practitioner:** (Please Print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:**(DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Area of Specialization and License/Registration #:** \_\_\_\_\_

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Physician                 | <input type="checkbox"/> Psychiatrist                  | <input type="checkbox"/> Neurologist       | <input type="checkbox"/> Psychologist       |
| <input type="checkbox"/> Occupational<br>Therapist | <input type="checkbox"/> Sports Medicine<br>Specialist | <input type="checkbox"/> Neuropsychologist | <input type="checkbox"/> Speech Pathologist |
|  |  |  | <input type="checkbox"/> Other _____        |

**Facility/Clinic/Practice Name and Address:** (Please use office stamp)

**Release of Information**  
TO BE COMPLETED BY STUDENT

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to provide  
*(Student)* *(Name of Health Care Practitioner)*

the following information to Accessibility Services at the University of Toronto and if required, to supply additional information relating to the provision of my academic accommodations and disability-related services. I understand that I am not required to disclose a diagnosis to receive academic accommodations and services. I also understand that documentation to provide a verification of a disability and the functional limitations is required. I authorize Accessibility Services to contact the Health Care Practitioner to discuss the provision of accommodations.

I understand that any medical information provided from my health care provider resides under the guidelines under the Freedom of Information and Protection of Privacy Act (FIPPA). Under this legislation necessary information may be shared on a need to know basis if it is required by another U of T staff member in order to fulfill the responsibilities of their position.

Student's Signature: \_\_\_\_\_

University of Toronto Student Number: \_\_\_\_\_

Date: \_\_\_\_\_