

## 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. Requests after this date will be considered on an exceptional case by case basis.

## 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 Sensory, Physical, Chronic, and Mental Health Disabilities**

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

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

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

**University of Toronto email address:** \_\_\_\_\_

**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.)

## Functional Limitations Documentation for Students with Sensory, Physical, Chronic, and Mental Health Disabilities

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 professional, 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.

This medical documentation may be used to access financial funds through the Bursary for Students with Disabilities and the Canadian Grant for Students with Permanent Disabilities. 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.

### 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.**

**The following criterion must be met for the determination of a disability:**

- **The student experiences functional limitations which impair the student's academic functioning at the post-secondary level.**

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

Student's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Date of Birth (DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Last date of clinical assessment(DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provide Disability Counsellor name, if known: \_\_\_\_\_

**Statement of Disability:**

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

**The student has a PERMANENT DISABILITY with symptoms that are continuous \_\_\_\_\_ or recurrent/episodic \_\_\_\_\_**

Identification/designation of a permanent disability is usually determined after considerable assessment, treatment and/or observation of the individual. A permanent disability involves on-going (chronic or episodic) symptoms (that will significantly impact the student over the course of his/her academic career). To designate a permanent disability, an evaluation has been conducted that involved the use of assessment tools/techniques that examined the functional impact of the disability as well as the permanence of the observed/assessed limitations.

**Multiple visits and observations of the individual in addition to review of pertinent medical history documentation are necessary to determine permanence of a disability.** Typical examples of a permanent disability include (but are not limited to): neurodevelopmental disorders (e.g., ADHD, learning disability, autism spectrum disorder); chronic health conditions (e.g., diabetes, epilepsy); sensory disorders (e.g., deafness, low vision); mobility impairments (e.g., paraplegia, arthritis); and, chronic mental health conditions (e.g., bipolar disorder, personality disorders).

Students with documentation that identifies a permanent disability may be able to access funds/fee adjustments from government assistance programs including but not limited to OSAP, as well as other accommodations. In evaluating permanence of a disability for OSAP purposes, the Canadian Student Loan program defines a permanent disability as “a functional limitation caused by a physical or mental impairment that restricts the ability” of a student “to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force and is expected to remain with a student for his/her “expected life”. (DD. Gov. of Can. Section 4.5, 2003).

**This student has a TEMPORARY DISABILITY with symptoms that are continuous \_\_\_\_\_ or recurrent/episodic \_\_\_\_\_**

Typical examples of a temporary disability include (but are not limited to): orthopedic injuries (e.g., broken leg, injured back), concussions, episode of a mental health condition, surgical recovery, serious infections.

Indicate the time period of expected duration: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YY).  
If unknown, please indicate reasonable duration for which the student should be provided with accommodations at this time (please specify number of weeks/months): \_\_\_\_\_

Accommodations will not be extended beyond dates listed above without updated documentation prior to the expiry date of the temporary disability. **A temporary disability certificate has a maximum duration of one year.**

OR

The disability is currently under review/still being assessed and sufficient assessment and observation of the individual has not been completed yet to allow determination of the permanence of temporary nature of the disability. When the diagnosis is still being considered (i.e. it is a “working diagnosis”), designate the disability as temporary. When the assessment is complete, provide updated documentation as to whether the disability remains temporary or can now be listed as permanent.



Please indicate disability category:

- Mental Health       Sensory       Chronic Health       Physical

**Nature of Disability** (If the student has consented to disclosure of specific diagnosis, please provide the diagnosis in the space below.)

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When was this disability first diagnosed? \_\_\_\_\_

**Medication and Treatment:**

If the student has been prescribed medication for this condition, when are adverse or side-effects likely to negatively affect their academic functioning? (Check all that apply):

\_\_\_\_ Morning    \_\_\_\_ Afternoon    \_\_\_\_ Evening

Please list other side effects of medication(s) which may impact academic functioning:

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Brief description of other treatment (*optional*) – e.g. counselling, massage therapy, etc.

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Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Impacts of Disability on student’s daily living, including academic and work life:**

(Please specify where possible):

<b>Cognitive</b>	<b>Psychosocial</b>	<b>Physical</b>
<input type="checkbox"/> Attention <input type="checkbox"/> Concentration <input type="checkbox"/> Information processing (written and verbal) <input type="checkbox"/> Memory <input type="checkbox"/> Organization <input type="checkbox"/> Time management	<input type="checkbox"/> Communication <input type="checkbox"/> Emotion regulation <input type="checkbox"/> Oral/class participation <input type="checkbox"/> Social interactions <input type="checkbox"/> Stress management	<input type="checkbox"/> Diet/nutrition <input type="checkbox"/> Energy levels/fatigue <input type="checkbox"/> Mobility <input type="checkbox"/> Coordination <input type="checkbox"/> Pain <input type="checkbox"/> Sensory <input type="checkbox"/> Sleep cycle/patterns

**Recommended Accommodations:**

The disability counsellor will discuss these recommendations with the student to determine an appropriate accommodation plan. These recommendations will be considered while maintaining the academic integrity and essential requirements of a course and/or degree requirements. Please specify. **Test/exam accommodations** (e.g. extra time, exam schedule, space, equipment):

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**In course accommodations** (e.g. Peer Note-Taking Service, extensions, and absences):

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**Degree accommodations** (e.g. thesis, practicum, placements, labs):

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Does this person require **specialized equipment/devices/technology** (e.g. digital recorder, voice recognition software) and/or ergonomic furniture to improve academic function? If yes, please specify:

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**Other Recommendations:** (e.g. light box, counselling, physiotherapy, etc.):

Note that for funding purposes, a rationale is required to explain how the recommended service/equipment will improve academic functioning.

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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"/> Psychologist       | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Oncologist  | <input type="checkbox"/> Rheumatologist  | <input type="checkbox"/> Cardiologist       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Nurse Practitioner |                                      |

**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: \_\_\_\_\_