




Sheridan
INTAKE FORM -DISABILITY SERVICES



General Information

Name: _____ Student # _____ Date of Birth: _____
(last) (first) Day month year

Address: _____
(Street and number) (City) (Province) (Postal Code)

Home Phone: () _____ Work/Cell Phone: () _____

e-mail: _____ TDD: () _____
(TDD is a telecommunications device for the deaf)

Please check the best way to contact you: at home cell phone e-mail

Disability

Disability(ies): _____

Please note: you must submit relevant documentation regarding your disability(ies) eg. doctor's letter, psychological assessment, functional medical reports, Individual Education Plan (IEP)

Documentation Type: Psychoeducational Assessment Individual Education Plan (IEP)
 Audiological Report Ophthalmologist Report Medical Form/Letter

Date documentation was completed _____ day _____ month _____ year

Documents Attached: Yes No If no, when will they be provided? _____

How does your disability impact your learning? _____

Program Information

Have you been accepted into a program at Sheridan? Yes No

Program: _____ Start Date: _____ Campus: Davis Trafalgar

Are you a registered student presently attending Sheridan? Yes No

If so, please check one: Post-Secondary Continuing Education (*night class*) Skills Training

Prior Education

High School name: _____ city: _____

Diploma: Yes No Level: Workplace College University Basic General Advanced

What Resource Room/Special Education assistance did you receive?

Are you taking, or have you ever taken any Upgrading courses? Yes No

English Math Other (specify): _____ Year: _____

Have you **previously** attended College or University? Yes No

Name of College/University: _____ Program(s): _____

If you received accommodations from the Disability Services Departments at college or university, which services did you receive?

Indicate service(s) you will be requesting from the Disability Services Office.

Financial

Ontario Student Assistance Plan (OSAP): *(check all that apply)*

- applied (check one) eligible *(will receive OSAP)*
 not eligible *(will NOT receive OSAP)*
 don't know yet
- have not applied for OSAP

For more information about financial assistance call: Trafalgar: (905) 845-9430 x4060 Davis: (905)459-7533 x5061

Check the financial supports you are receiving: *(check all that apply)*

ODSP WSIB HRDC Insurance Company other (specify): _____

Referral

How did you find out about Disability Services?

Letter from Sheridan Guidance Counsellor Other *(specify)* _____

If presently attending Sheridan, have you used any of the following services? *(check all that apply)*

Counselling Peer Tutoring Academic Advising Other *(specify)* _____

Statement of Confidentiality

The staff in the Disability Services Office of Sheridan College Institute of Technology and Advanced Learning agrees to keep all information you share with us in strictest confidence. Under the Privacy Act we are unable to disclose any information without your signed consent. However, we are required by law to disclose any information in the following situations: when we become aware of current child welfare issues; assessment of danger to self or others; or when subpoenaed for records or testimony by the courts.

I, (print name) _____ have read the above statement on Confidentiality and fully understand its terms and conditions.

(signature)

(date)

(witness signature)

(date)

This form is prepared in accordance with the Canadian Charter of Human Rights and Freedoms, the Ontario Human Rights code, the Human Rights Commission's 'Guidelines for Accommodating Persons with Disabilities'.