



Accessible Learning Services

Sheridan
ACCESSIBLE LEARNING SERVICES
Confidential Intake Form



Entered on Clockwork
 Date: _____

GENERAL INFORMATION

Last name:		First:		Student #:	Date of Birth:
				-----	dd / mm / yy
Street address:			City:	Province:	Postal Code:
Cell Phone:		Home phone :		Email:	
()		()		@sheridanc.on.ca	
Please check the best way to contact you: <input type="checkbox"/> home phone <input type="checkbox"/> mobile <input type="checkbox"/> e-mail					
Emergency contact name:				Phone #:	

DISABILITY INFORMATION

Disability(ies):

Documentation Type:

<input type="checkbox"/> Psychoeducational Assessment	<input type="checkbox"/> Ophthalmologist Report
<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Medical Form/Letter
<input type="checkbox"/> Audiological Report	<input type="checkbox"/> Other: _____

*You must submit a copy of your documentation to Accessible Learning Services.

Type of disability:	Date documentation completed: ____ day ____ month ____ year
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

How does your disability impact your learning?

PROGRAM INFORMATION

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

Are you a current registered student attending Sheridan? Yes No

Program:	Campus:	Start Date:
	<input type="checkbox"/> Trafalgar <input type="checkbox"/> STC <input type="checkbox"/> Davis <input type="checkbox"/> Hazel McCallion	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer 20__

Status: Full-Time Dual Credit Apprenticeship
 Continuing Education Post-Secondary Academic Upgrading

PREVIOUS EDUCATION

High School name:	Diploma:	Level:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Workplace <input type="checkbox"/> Advanced <input type="checkbox"/> Basic <input type="checkbox"/> General <input type="checkbox"/> College <input type="checkbox"/> University

