



CENTRE FOR STUDENT ACCESSIBILITY

Dr. William Riddell Centre
Regina, Saskatchewan, Canada S4S 0A2
Phone: 306-585-4631 Fax: 306-585-5650
accessibility@uregina.ca www.uregina.ca/student/accessibility/

To be considered for academic accommodation at the University of Regina, a student must:

1. Complete this intake form. Accommodations are authorized on a case-by-case basis after completing all aspects of registration with the Centre for Student Accessibility.
2. Provide the Centre for Student Accessibility with appropriate and recent documentation of disability, illness, or injury.

Student Information

Name: _____ StudentID#: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

uregina email address: _____ Alternate email: _____

Diagnostic Information

Please check all that apply:

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> AD/HD | <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Vision | <input type="checkbox"/> Temporary Injury |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Mobility | |
| <input type="checkbox"/> Other _____ | | |

Supporting Documentation:

Psych-Ed Assessment	Assessor: _____	Date: _____
Doctor's Letter	Physician: _____	Date: _____
CSA Verification Form	Completed by: _____	Date: _____

What barriers do you feel are present in your learning environment?

Program Information

Have you been accepted into a program? Yes No

Are you registered at: UofR FNUC Luther Campion

Previous Post-Secondary attendance: _____

List accommodations received: _____

Statement of Confidentiality

Staff at the University of Regina's Centre for Student Accessibility agree to keep all information you share with us in the strictest of confidence. Under the Privacy Act and LAFOIPOP we are unable to disclose any information without 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 other; or when otherwise legally required to do so.

I, (print name) _____, have read the above statement of Confidentiality and fully understand it's terms and conditions.

(Signature)

(Date)

Consent to Collect and Release Information

I, (print name) _____, hereby give permission to the Centre for Student Accessibility at the University of Regina to speak with the assessor listed on the documentation I've provided (i.e., physician, psychologist, etc) to share and collect personal information regarding my educational and medical history related to my disability. I understand that in order for the University to determine and provide appropriate accommodations, it is necessary for me to provide all relevant information concerning my disability, including any assessments or reports. I consent to the release of information regarding my approved accommodations to my faculty and other appropriate university personnel on a need-to-know basis.

(Signature)

(Date)

Parent/Guardian Involvement

I give permission to the Centre for Student Accessibility to discuss my academic and non-academic accommodations with my parents/guardians: Yes No

Name of Parent/Guardian: _____

(Signature)

(Date)

Collaborative BSc Nursing Students ONLY

I understand that in order to receive services at both the University of Regina and Sask Polytech I will need to register at both institutions, and hereby give permission to the Centre for Student Accessibility to share information regarding my registration with Sask Polytech in order to ensure consistent support throughout my time registered in the Collaborative Nursing program.

(Signature)

(Date)