



# Accessible Learning Services

## Confidential Intake & Self-Assessment Form

Welcome to Mohawk College's Accessible Learning Services!

Accessible Learning Services uses a strengths-based, empowerment model to support students with temporary and permanent disabilities. We look forward to collaborating with you to address your accommodation needs. Completion of this intake form is a first step in this collaborative process.

Students are required to provide documentation outlining the functional limitations of their disability in order to receive accommodations. Documentation must be provided by a registered health care practitioner, see our [guide to disability documentation](#). A disability diagnosis does not need to be disclosed. Temporary accommodations may be available while documentation is being acquired. If you do not have documentation, please contact us and we will discuss with you how to obtain it.

### Personal Information

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

Student Number: \_\_\_\_\_ Date of Birth (month/date/year): \_\_\_\_\_

Address:

Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Do you live in residence? ☐ Yes ☐ No

Room Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mohawk Email: \_\_\_\_\_ @mohawkcollege.ca

What is the best way to contact you? ☐ Home Phone ☐ Cell Phone ☐ Email

May we leave a message? ☐ Yes ☐ No

How did you hear about us? ☐ Instructor/Professor ☐ Mohawk Website

☐ Advertising/Social Media ☐ Campus Events

☐ Other: \_\_\_\_\_

## Funding Source(s)

(how are you paying for school?)

☐ OSAP ☐ Second Career ☐ WSIB ☐ Self-Funding ☐ Other: \_\_\_\_\_

## Program Information

Name of Program: \_\_\_\_\_

Program Start Date: ☐ Fall ☐ Winter ☐ Spring/Summer Year: \_\_\_\_\_

In which semester are you currently enrolled? \_\_\_\_\_

Campus: ☐ Fennell ☐ Stoney Creek ☐ IAHS ☐ Six Nations Polytechnic  
☐ Other: \_\_\_\_\_

Status: ☐ Full-Time Day ☐ Part-Time Day ☐ Continuing Education  
☐ Distance Education ☐ Apprenticeship

Do you require accommodations for any of the following assessments?

☐ Assessment for Success ☐ HOAE ☐ Pre-Admission Testing  
☐ Other: \_\_\_\_\_

## Optional: Disability Information

Nature/Type of Disability (please check all that apply)

- ☐ Acquired Brain Injury
- ☐ Attention-Deficit/Hyperactivity Disorder
- ☐ Autism Spectrum Disorder
- ☐ Blind/Low Vision
- ☐ Deaf/Hard of Hearing
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Medical Disability
- ☐ Mental Health Disability
- ☐ Physical/Mobility Disability
- ☐ Unknown
- ☐ Other: \_\_\_\_\_

## Self-Assessment

The disability documentation you submit is one source of information we use to determine your accommodation needs. This self-assessment of accommodation needs is another important source of information. Please respond to each question or prompt below. Your answers will help us as we work together to meet your accommodation needs.

Reflect on skills such as reading, writing, focusing, organizing and managing your time, problem solving, engaging in group work, interacting socially, studying, and taking tests. Determine whether these skills represent areas of personal strength or areas where accommodations and support are needed. Remember, you are not required to disclose your disability diagnosis.

If you do not have a disability diagnosis and suspect you may have a disability, describe the academic challenges you are currently experiencing and how it affects your learning and/or academic skills.

Have you developed any strategies to help you manage your learning and/or academic challenges (e.g. studying with a partner, drawing out the concepts that are taught, using an agenda or calendar, etc.)?

☐ No   ☐ Uncertain   ☐ Yes (please specify below)

Did you use accommodations in high school and/or at another college or university?

☐ No ☐ Uncertain ☐ Yes (please specify below)

Have you used assistive technology (software or hardware) in the past (e.g. text-to-speech, speech-to-text, Kurzweil, Dragon Naturally Speaking, Read & Write Gold, ZoomText, FM System, etc.)?

☐ No ☐ Uncertain ☐ Yes (please specify below)

What accommodations and/or supports do you think you will need at Mohawk College? (If you are unsure, your Accessibility Counsellor will help you determine the accommodations that may be most helpful for you).

## Statement of Confidentiality

Accessible Learning Services of Mohawk College agrees to keep all information you share in strictest confidence. Under the Freedom of Information and Protection of Privacy Act (FIPPA) we are unable to disclose any information without signed consent. We are required by law to disclose any information in the following situations: known and suspected instances of children who are or may be in need of protection; cases involving imminent risk of physical harm to oneself or another; known instances of inappropriate sexual contact by a regulated health care provider; or when subpoenaed for records or testimony by the courts. When you register with Accessible Learning Services, a confidential digital file will be started. This file will contain information related to your intake, appointments, accommodations, services and contacts with our office, as well as your documentation of disability. This data will be entered into a computer program for data collection and statistical purposes. When reporting statistics, only group data is used without names of individuals or personal identifying information. Only Accessible Learning Services staff will have access to your file.

## Internal Consent

I give permission to Accessible Learning Services staff to address questions/concerns related to my Accommodation Letter and for obtaining/disclosing information for the purpose of intervening/advocating on my behalf. I agree that Accessible Learning Services staff can discuss the nature of the functional impact of my disability and answer questions related to my Accommodation Letter from Administrators, Faculty, and Staff. I agree that Accessible Learning Services can obtain or disclose information to other service areas of Mohawk College, as required, to support my success. I understand that Accessible Learning Services may be required to obtain or disclose information to student services at post-secondary institutions other than Mohawk (e.g., McMaster University, Ontario Learn) if I am enrolled in a program that is jointly administered between Mohawk College and another post-secondary institution.

## External Consent

Student information will not be disclosed to a third party unless specific instruction is given by the student and a release form has been signed. Please discuss external consent with your Accessibility Counsellor.

I, \_\_\_\_\_ have read the above Statement of Confidentiality and fully understand its terms and conditions. I understand that I can refuse to sign this consent form. This consent is valid from the date of the student's signature and remains valid during the student's term of study at Mohawk College unless consent is revoked.

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Student Signature

Date