



# Confidential Intake Form

Welcome to Mohawk College's Accessible Learning Services. Accessible Learning Services uses a strengths-based, empowerment model to support students with 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 academic accommodations. A disability diagnosis does not need to be specified. Temporary accommodations may be available while documentation is being acquired.

## Personal Information

Name (please print): \_\_\_\_\_

Birth Date (month/date/year): \_\_\_\_\_

Student #: \_\_\_\_\_

Address (number, street, apartment, city, province, postal code):  
\_\_\_\_\_  
\_\_\_\_\_

Do you live in residence?    Yes    No

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

Phone Extension: \_\_\_\_\_

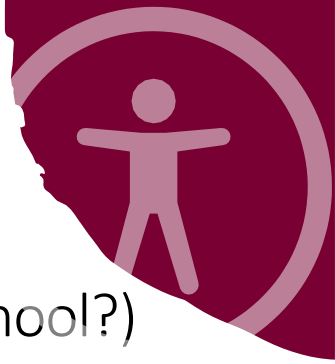
Home Phone: \_\_\_\_\_

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

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

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

May we leave a message?    Yes    No



## Funding Source(s) (how are you paying for school?)

OSAP      Second Career      WSIB      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    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

Mental Health Disability

Add/ADHD

Intellectual Disability

Blind/Low Vision

Physical/Mobility Disability

Learning Disability

Unknown

Medical Disability

Other: \_\_\_\_\_



# 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.

(Student Signature) \_\_\_\_\_ (Date) \_\_\_\_\_