Personal Information

First Name:

Last Name:

Preferred Name:

Student Number:

Preferred Communication

Cell:

Utoronto email:

Are you an out of province student, if so which province:

Are you an international student, if so, which country:

Emergency Contact:

Name:

Relationship:

Phone:

Disability Information Disability Type:

* Acquired Brain Injury
* Chronic Illness/System/Medical
* Deaf, Deafened, Hard of Hearing
* Low Vision, Blind
* Mobility
* Mental Health Related Disability
* Autism Spectrum Disorder
* ADHD
* Learning Disability
* Addiction
* Additional Disabilities?

Previous Accommodations e.g. Secondary School, IEP?:

Reasons for Requesting Accommodations/Concerns:

If applicable, I am also taking courses at:

* Sheridan College
* St. George
* UTSC

Supports you are receiving in the community:

* Audiologist
* Case manager (ABI)
* Family Doctor
* Massage Therapist
* Neurologist
* Psychiatrist
* Psychologist
* Psychotherapist
* Social Worker
* Mental Health Nurse
* OT
* PT
* Hospital MH Team
* Attendant Services
* Sign Language Interpreter
* Support Group

Financial Aid Resources:

* Applied for OSAP
* OSAP Disability Verification Form signed and submitted to OSAP