**New Student Intake Form**

**Personal Information**

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

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

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

Preferred Pronouns (check all that apply):

* She/Her
* He/Him
* They/Them
* Other:

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Communication**

* Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utoronto email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (check all that apply):**

* 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:**

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**I am also taking courses at (check all that apply):**

* Sheridan College
* St. George campus
* Scarborough campus

**Supports you are receiving in the community (check all that apply):**

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

**Financial Aid Resources (check all that apply):**

* I have applied for OSAP
* I have signed and submitted the OSAP Disability Verification Form to OSAP