



STUDENT INTAKE REGISTRATION FORM

This form is to be completed by any student who is NEW to Access for Students with Disabilities

The information in the form is confidential. It is required to determine and advise on appropriate accommodations.

First Meeting

Date:

During the intake meeting, you and your Access Advisor will determine which accommodations and resources you will use in college.

For high school students only: Depending on when you are starting at Vanier (fall semester or winter semester), you will be contacted in June or in January respectively, to set up your initial meeting with Access.

If you are requesting accommodations, please complete this form and return along with supporting documentation to: Mail or drop off to: Access Centre, Vanier College, 821 Sainte-Croix, Montreal, Quebec, H4L 3X9 OR E-mail to: access@vaniercollege.qc.ca or Fax to: 514-744-7967 to the attention of Access for Students with Disabilities.

Semester:

	
Student information	
Last name:	First name:
Pronoun (He/ She/They):	Institution name (high school, college, university):
Home phone:	Cell phone: E-mail:
Vanier College student #:	Program:
Diagnosis	
Please indicate the name of the disability and/or heal	Ith condition that you are requesting accommodations for.

Accommodations

	accommodations/services?	
□ Accessible classroom furniture □ Assistive technology Specify: (e.g. screen reader, text to speech, dictationsoftware, assistive listening device, screen magnification.) □ Captioned videos or other media □ Computer for exams	Document conversion or alternative text: □ braille □ enlarged text □ audio file □ electronic document □ Extra time for tests/exams □ FM System □ Laptop in class for note-taking □ Note-taker	☐ Personal care attendant ☐ Reduced course load ☐ Service or assistant animalSign language Interpreter Specify: ☐ASL or ☐OralOther
ow can Access support you?		
condition from a qualified professional e therapist, audiologist, etc. Some example letter from your doctor, psychiatrist or p	dations, please submit supporting documentat g. general practitioner, psychiatrist, psycholog es of supporting documentation include a psycl sychologist, or an audiogram. Please note that	ist, medical specialist, speech no-educational report, a diagnosti
 A description of the current imp 	on/disability, including diagnosis and symptoms act of the disability and how it affects your edu s, any treatments, medications or assistive serv	s cation
Ideally, documentation should include in A clear statement of the condition A description of the current imp Current or past accommodation	on/disability, including diagnosis and symptoms act of the disability and how it affects your edu s, any treatments, medications or assistive serv	s cation
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Date: