

STUDENT DEVELOPMENT AND SERVICES

Residence Life and Student Accessibility Services work in collaboration to assist all students with disabilities by providing residence accommodations that will meet their needs. In order to fully evaluate how we can best address your accommodation requirements, we require specific information from you. Please complete **Section A**, **B** and **C** of this form. **Section D** must be completed by a healthcare professional who is familiar with your needs.

The following sections are **mandatory** and must be submitted to Student Accessibility Services. Requests that are incomplete or missing sections will **not** be considered.

Section A: Consent to the Disclosure/Transmittal or Examination of Records or Information

Section B: Student Information

Section C: Residence Accommodation Request

Section D: Disability Documentation (Completed by Health Care Professional)

Submit all completed forms to Student Accessibility Services, 100 College Drive, North Bay, ON P1B 8L7. Forms may be faxed to 705-495-2850 or e-mailed to sas@nipissingu.ca.

In preparation for the start of a new academic year (September), all requests must be completed prior to June 30, of that year in order to allow for adequate consideration and facilitation within in the placement process. Mid-year requests will be facilitated as placement and other necessary environmental factors permit, and in coordination with related policies and procedures.

Protection of Privacy

The personal information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to provide Services to students in the course of their studies while at Nipissing University. The information will be used only be employees of the Student Development and Services Office and will not be disclosed to any third party without your consent. If you have any questions or concerns about the collection, use and disclosure of this information please contact Student Development and Services Office at Nipissing University, 100 College Drive, North Bay ON, P1B 8L7, (705) 474-3450 ext. 4097.

Section B: Student Information

Name:	Gender:
Student ID #:	
Current Address:	
Telephone:	E-Mail:
Returning Students Only:	
Residence Accommodations in previous	provided Student Accessibility Services & Residence Life with a Special syears and answer yes to the following statements, you are not his form (but Section A and B are still required):
My disability is permanent. Yes No There are no changes in my residence a	accommodation needs. Yes No
Section C: Residence Accommodation	Request
1. What is the reason for your request?	Please explain in detail.
Is your request based on a serious im Please describe your condition:	npairment, medical condition or physical challenge? Yes No
3. Describe the impact and/or limitatio	ns imposed by your disability/condition on your daily living activities.
 List any assistive devices and medica residence. 	or non-medical equipment that you would like to bring with you to
5. List any room assignment that you and disability. Please note that we are unait	re requesting from Residence Life, which relates directly to your ble to guarantee specific room requests.



Section D:

Residence Life Special Consideration Form for Students with Disabilities

Disability Documentation

<u>ATTENTION Health Care Professional:</u> This student is requesting disability related living accommodations at Nipissing University. Residence living arrangements will be determined based on the functional impact of the disability on the patient's living environment.

This section must be completed by an accredited diagnosing health professional, such as a **Physician**, **Neurologist**, **Audiologist**, **Ophthalmologist**, **Psychologist**, **Psychologist**, **Neuropsychologist**, or other medical specialist who is authorized to provide a clinical diagnosis.

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Student Name: Date of Birth:				
NOTE: The following criterion must be met for the determination of a disability:				
The student experiences functional limitations due to a condition that impairs the student's academic functioning and/or daily living activities while pursuing post-secondary studies.				
Please describe the nature of the student's disability (diagnosis is optional):				
Permanence of Disability (please choose ONE of the following statements that best describes the student)				
□ The patient's disability (or disabilities) is temporary. Please provide anticipated recovery date:				
□ The patient's disability (or disabilities) is permanent with ongoing (chronic or episodic) symptoms that will restrict/impact his/her ability to perform activities of daily living.				
Functional Limitations				
What functional limitations and/or impact (physical, cognitive, and/or behavioural) will this condition have on the student's daily living activities?				

Recommendations

	housing recommendations for itations as indicated above.	r the student that are w	varranted based upon the		
□ Room with Bath□ Support Bars in Bath□ Keyless Entry Door	□ Roll-In Shower□ Support Bars in Shower□ Automatic Door Opener	• •	oilet		
*If a Service or Therapy Animal has been requested the following section must be completed.					
□ Service Animal	□ Therapy Animal				
Specific type of animal re	equired:				
Explanation of need for service or therapy animal as it relates specifically and rationally to the student's disability:					
If applicable, explanation of actual tasks the animal will perform:					
Certificate of Approved Professional					
Practitioner's Name (ple	ase print):				
I am a legally qualified in the province of Ontario and the following report contains my clinical assessment and considered opinion at this time.					
Practitioner's Signature:					
Date Completed (mm/dd/yy):					
License Number/Registration Number:					
Name/Address/Phone N Please use office stamp of					