



## 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. 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](mailto: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 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.

### **SECTION A: Consent to the Disclosure/Transmittal or Examination of Records or Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ hereby give consent to the mutual exchange of information between Student Accessibility Services and Residence Life of Nipissing University who have my permission to consult with each other, either orally or in writing. They may exchange any information related to my disability that they consider relevant to the determination and arrangement of appropriate residence accommodations and ongoing support that will assist me in my academic studies at Nipissing University. I understand that this information will be shared for professional use only, and that the privacy and confidentiality of this information will be protected and maintained.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section B: Student Information**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### ***Returning Students Only:***

If you are a returning student who has provided Student Accessibility Services & Residence Life with a Special Residence Accommodations in previous years and answer yes to the following statements, you are not required to submit Section C and D of this form (but Section A and B are still required):

My disability is permanent. ☐ Yes ☐ No

There are no changes in my residence accommodation needs. ☐ Yes ☐ No

#### **Section C: Residence Accommodation Request**

1. What is the reason for your request? Please explain in detail.

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2. Is your request based on a serious impairment, medical condition, or physical challenge? ☐ Yes ☐ No  
Please describe your condition:

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3. Describe the impact and/or limitations imposed by your disability/condition on your daily living activities.

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4. List any assistive devices and medical or non-medical equipment that you would like to bring with you to residence.

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5. List any room assignment that you are requesting from Residence Life, which relates directly to your disability.  
*Please note that we are unable to guarantee specific room requests.*

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#### **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 by 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 D:**

**Residence Life**  
**Special Consideration Form for Students with Disabilities**

**Disability Documentation**

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

**I am regulated healthcare professional who has knowledge of the patient's history, condition, and is licensed to diagnose the disability.**

☐ Yes ☐ No

**ATTENTION Health Care Professional:** 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.

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 daily living activities while pursuing post-secondary studies.**

☐ Yes ☐ No

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) does this condition have on the student's daily living activities?

## Recommendations

Please indicate specific housing recommendations for the student that are warranted based upon the student's functional limitations as indicated above.

<input type="checkbox"/> Room with Bath	<input type="checkbox"/> Roll-In Shower	<input type="checkbox"/> Strobe Light/Door Knocker
<input type="checkbox"/> Support Bars in Bath	<input type="checkbox"/> Support Bars in Shower	<input type="checkbox"/> Keyless Entry Door
<input type="checkbox"/> Shower Chair	<input type="checkbox"/> Support Bars at Toilet	<input type="checkbox"/> Automatic Door Opener
<input type="checkbox"/> Other <i>*describe below</i>	<input type="checkbox"/> Service Animal** <i>See below</i>	

*\*Describe any other recommendations*

*Accommodation requests must be supported by documented functional impairments related to a disability. Health care provider recommendations will be considered but are not guaranteed and must align with parameters of the program/course/facilities.*

**\*\*Service Animals** *(If a Service Animal has been requested the following section must be completed.)*

I certify that this student has a disability-related need for a Service Animal to aid with the day-to-day functional impacts relating to their disability.

☐ Yes ☐ No

*The Residence Life department will consider and provide reasonable accommodations for Service Animals as may be required by the Accessibility for Ontarians with Disability Act, 2005 (AODA). A Service Animal is defined by the AODA as an animal that is used by a person with a disability for reasons directly related to that disability (Accessibility for Ontarians with Disabilities Act, Reg 191/11, Sec. 80.45)*

*NOTE: An Emotional Support Animal that solely provides comfort and security, unrelated to the functional impacts of the disability, is not recognized under the law and has no legal entitlements. Residence Life is not able to accommodate requests for Emotional Support Animals (ESA).*

Specific type of animal required: \_\_\_\_\_

**Please note:** It should be acknowledged that while a Service Animal can benefit an individual with a disability, having a Service Animal can also place a burden on the individual. The care and attention a Service Animal requires may have a detrimental impact on the physical, emotional, and financial wellbeing of the individual. Animal welfare must be respected in approving a Service Animal. Consideration must be given to the approval of large animals and high-energy breeds to live in a residence room, as the physical space is limited (approximately 95 square feet).

Please explain the actual tasks/work the animal will perform, these must be directly linked to the functional limitations caused by the disability:

*Examples of tasks: assisting with ambulation, alerting handler to changes in medical condition, retrieve or remind to take medication, redirect self-injurious behaviours*

**Certificate of Approved Professional**

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

Practitioner Specialization: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_

Date Completed (mm/dd/yy): \_\_\_\_\_

License Number/Registration Number: \_\_\_\_\_

Name/Address/Phone Number:

*Please use office stamp or attach business card.*



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