

**This form is to be completed by any student who is new to the Accessibility Office.**

### Student Information

Name (First and Last) : \_\_\_\_\_ Student ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

### Academic Information

**Please check the appropriate statement below to describe your current semester level (choose only one):**

- ☐ I will be entering **semester one** for the first time in the \_\_\_\_\_ Fall or \_\_\_\_\_ Winter semester.

**OR**

- ☐ I am a current student at King's and have previously connected with the Student Success Office.  
I have completed \_\_\_\_\_ years at King's, am in semester \_\_\_\_\_, and am taking \_\_\_\_\_ number of courses.
- ☐ I am a current student at King's but have not connected with the Student Success Office until now.  
I have completed \_\_\_\_\_ years at King's, am in semester \_\_\_\_\_, and am taking \_\_\_\_\_ number of courses.

Name of last school(s) attended (secondary or post-secondary): \_\_\_\_\_

Year of graduation or leaving last school: \_\_\_\_\_

Major/Degree Program at King's: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Are you eligible for Student Financial Aid?                      Yes      No      Unsure

Have you applied for Student Aid Financial?                      Yes      No

If so, were you approved for Student Aid Financial?                      Yes      No

### Disability/Limitation

Name of disability/limitation: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Documentation available?      Yes      No                      Given to Accessibility and Support Services?      Yes      No

Were you provided with academic accommodations/other support services in the past?      Yes      No

If you were provided with accommodations in high school or another post-secondary institution what was helpful to you?  
(Check all)

- ☐ Extra time for tests/exams  
☐ Writing tests/exams in a quiet environment  
☐ Use of a computer for tests/exams  
☐ Note taking  
☐ Use of adaptive technology

Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Concerns

Why are you seeking assistance from Accessibility and Support Services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How, specifically, can Accessibility and Support Services help you to be successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please hand in completed form to Student Life Administrator, Janna denHaan, and make an appointment with a disability advisor. Alternatively, this form can be emailed directly to: [accessibility@kingsu.ca](mailto:accessibility@kingsu.ca) and a disability advisor will contact you to make an appointment. Supporting documentation should be submitted with this form or can be brought to the appointment.

### Office Use Only:

Sufficient Documentation	Documentation outdated/needs updates	Not eligible
Primary _____	Secondary _____	Tertiary _____

### Approved:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_