NIPISSING
UNIVERSITY

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.

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: _____

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:

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.

_____

_____

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

_____

_____

_____

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

_____

_____

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

_____

_____

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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Section D:

Residence Life
Special Consideration Form for Students with Disabilities

Disability Documentation

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.

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.**

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

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

□ Room with Bath □ Roll-In Shower □ Shower Chair □ Strobe Light/Door Knocker
□ Support Bars in Bath □ Support Bars in Shower □ Support Bars at Toilet
□ Keyless Entry Door □ Automatic Door Opener □ Service/Therapy Animal**See below*

If a **Service or Therapy Animal has been requested the following section **must** be completed.*

□ Service Animal □ Therapy Animal

Specific type of animal required: _____

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 (please 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 Number:
Please use office stamp or attach business card