ACCOMMODATED LEARNING CENTRE

NEW STUDENT INTAKE FORM

We adhere to a strict policy of maintaining confidentiality regarding your involvement with our services and support. The personal information on this form will not be provided to any third parties unless required by law.

STUDENT DATA

_____/_____/_____ _____ _____/_____/_____

Surname Given Name Initial Student ID # Date of Birth D/M/Y

_____

Local Address Apt#/Street City Province Postal Code

_____

Permanent Address (if different from above) Apt#/Street City Province Postal Code

( ) ( ) ( )

Local Phone# Cell # Alternate Telephone#

_____

Email Address (University of Lethbridge) Alternate Email Address

ACADEMIC INFORMATION

Currently Enrolled

- ☐ Yes
- ☐ No

If registered with the University of Lethbridge please answer the following questions:

Name of Faculty or School _____

Current/Intended Major _____

Career Goal (s) _____

Year of Study (1st, 2nd, etc) _____

TYPE OF STUDENT FUNDING RECEIVED

- ☐ Student Loans
- ☐ Canada Study Grant
- ☐ Other_____

Province of Permanent Residence _____

STUDENT STATUS

Please check **one** of the following boxes

- ☐ I am registering with this office for **full delivery of services including accommodations for exams and quizzes.**
- ☐ I am requesting a screening for suspected learning disabilities.
- ☐ I want to meet with the Learning Strategist for help with my studies only, and **do not need accommodations in place.**
- ☐ Other

If you checked off the first box and want accommodations in place, please **proceed to '*Disability Information*'** and complete the questions in this section, sign and date the form.

If you checked off the second box, skip **Type of Disability**, complete remainder of form then sign and date.

DISABILITY INFORMATION

Please check off all **boxes** that may **apply to you**

Type of Disability

- ☐ Learning Disability
- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Physical Disability
- ☐ ADHD
- ☐ Neurological Disability
- ☐ Psychiatric/Psychological Disorder
- ☐ Medical Condition
- ☐ Other: _____

Do you have **documentation** regarding your disability(s)?

- ☐ Yes
- ☐ Yes, but I would have to request it
- ☐ No

Have you ever **used services** for disabilities?

- ☐ Yes
- ☐ No

If **'Yes'** please identify where you have accessed services: _____

_____

_____ _____

Student Signature **Date**