

Self- Identification for Students with Disabilities

The King's University is committed to helping students with disabilities by offering a variety of services and resources that support and encourage students to reach their full Potential. Please contact the Student Success Coordinator services to set up a meeting at Kristin.lemke@kingsu.ca.

In order to receive accommodations for disabilities, students are required to complete this form and to provide appropriate documentation from a registered health care professional, as per terms in student handbook. For learning disabilities, a current psycho-educational assessment performed under the supervision of a registered psychologist must be presented. Once all documentation has been received, a variety of accommodations will be discussed. Accommodations are made without compromising academic integrity.

Name _____ Student ID: _____

Are you planning to live on campus? ☐ Yes ☐ No

May this information shared with your RA ☐ Yes ☐ No

Please indicate the nature of your disability:

- ☐ Acquired Brain Injury
- ☐ Blind/visually impaired
- ☐ Chronic pain
- ☐ Deaf/hearing impaired
- ☐ Emotional or psychological condition:

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- ☐ Learning disability (including ADD/ADHD):
 - ☐ Psycho-educational assessment completed in the last 4 years by ☐ high school ☐ Outside psychologist
 - ☐ Medical condition
 - ☐ Mobility impairment

Please provide specific information about your disability (including medication):

Please indicate services you require:

- ☐ Academic support for time management, study skills, etc.
- ☐ Alternate format texts and course materials: _____
- ☐ Computer use for tests – specific programs: _____
- ☐ Examination accommodations – please specify: _____
- ☐ FM system for deaf/hearing impaired
- ☐ Note takers for lectures
- ☐ Quiet exam writing space
- ☐ Tutors
- ☐ Wheelchair accessible residence
- ☐ Other - please explain: _____

Please list special computer equipment or assistive devices you require:

Please include all relevant documentation with this form.

The information I have supplied on this form is, to the best of my knowledge, accurate. I understand that relevant information collected on this form may be shared with the necessary personnel of The King's University for the purpose of establishing or reviewing accommodations for my course work and examinations.

Signature

Date

For Office use only

Date Arrived: _____