

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

## Accessibility Services

## Confidential Intake

\_\_\_\_\_  
Name

\_\_\_\_\_  
VIU student number

\_\_\_\_\_  
VIU program or interest area

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

International  Canadian citizen  Aboriginal  Permanent Resident  Protected person/refugee

enrolled in courses at VIU  applied to VIU (not enrolled in courses)  prospective (not applied)

Referred to Disability Services by:  self  instructor other: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Please check box below indicating disability:

Significant Hearing Loss  Physical  Chronic Health  Mental Health  Vision  Autism  ADD

Learning Disability  Unknown

If multiple boxes checked, which disability category requires the most academic accommodation: \_\_\_\_\_

\_\_\_\_\_

Do you have disability documentation/diagnosis?  Yes  No

Learning barriers/areas of difficulty \_\_\_\_\_

\_\_\_\_\_

Prior academic accommodations:  Kurzweil  note-taking  recording  extra exam time

assistive technology

other \_\_\_\_\_

Are you currently receiving Provincial student loans or grants?  Yes  No

BC  Other Province: \_\_\_\_\_

Will you be applying for a Student Loan?  Yes  No

Other funding? (Band, WCB, etc.) \_\_\_\_\_

If currently a student what VIU services are used?  Counselling  Aboriginal Services  Health Centre

Learning Strategist  Library Research  Writing Centre

**CONSENT REGARDING COLLECTION & RELEASE OF INFORMATION**

Your consent to exchange personal information is required as a condition of registration with Accessibility Services. This information is collected, used, disclosed, secured & destroyed in accordance with the BC Freedom of Information & Protection of Privacy Act.

Information will not be released without your signed consent, except under these circumstances:

- imminent threat or danger to self or others,
- a minor needs protection from abuse,
- a court order.

I hereby give permission for VIU Accessibility Services to exchange information regarding my accommodations and enrollment status with relevant VIU staff for the purpose of coordinating services.

I acknowledge that Director of Student Affairs/designate will have access to my file at Accessibility Services.

By signing below, I understand that my student number may be disclosed for the purpose of institutional research related to effectiveness, retention and graduation rates of our students.

I acknowledge it is my responsibility to ensure all information pertaining to my disability is current & accurate.

*I understand that to rescind or amend this consent I must notify the record holder in writing.*

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