University of Guelph-Ridgetown Campus
NEW STUDENT Intake Form

This form is to be completed by any student who is new to Student Accessibility Services (SAS). Please return this form to the contact below:

Student Accessibility Services (SAS), University of Guelph Ridgetown Campus, 120 Main Street E., Ridgetown ON N0P 2C0
Phone: 519-674-1500 Ext 63206 Fax: 519-674-1515 Email: rcsas@uoguelph.ca

Please Print

First Name

Last Name

U of G Email

U of G ID #

@uoguelph.ca

Phone Number

Alternate Phone Number

Gender

Male

Female

Transgender

Birth Date (mm/dd/yyyy)

Program:

☐ Agriculture

☐ Environmental Management

☐ Horticulture

☐ Vet. Office Administration

☐ Veterinary Technology

☐ CPHH

☐ Veterinary Technology (Alternative)

☐ Equine Diploma

Are you eligible for OSAP?

☐ Yes

☐ No

☐ Unsure

Disability Information

(Please check one or more of the following to describe your disability.

☐ Specific Learning Disability

☐ Vision

☐ Medical (Permanent)

☐ Mental Health

☐ Attention-Deficit/Hyperactivity Disorder

☐ Hearing

☐ Medical (Temporary)

☐ Autism Spectrum Disorder

☐ Physical

☐ Acquired Brain Injury

☐ Other (Please specify) ___________________________________________________________________

If you checked more than one disability, please indicate the ONE which has the greatest impact on your learning: ___________________________________________________________________

Documentation Information

All requests for accommodations must be supported by appropriate disability documentation. Details are available at https://wellness.uoguelph.ca/accessibility/how-we-do-it/documentation-guidelines Please check the appropriate statement below regarding your documentation:

☐ Has already been forwarded to Ridgetown’s SAS

☐ Is attached to this New Student Intake Form

☐ Will be mailed/faxed to Ridgetown’s SAS

☐ Other _______________________________
**Tuition Release—Part Time Studies**

☐ I am registered in a diploma program—I have a permanent disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing when taking 2.0 credits (4 courses/semester), and acknowledge that my eligibility will be recorded on my student record, which is maintained by the Registrar’s Office. Details available at

☐ I am registered in a certificate program—I have a permanent disability and this is reflected in my documentation from a health professional. I would like to be considered for per-credit billing. Please contact the SAS office directly for more information

**Current Semester Level**

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 Semester____ Winter Semester

☐ I am currently in semester one or beyond, but have not connected with SAS until now. I am in semester ____and taking _______courses.

**Nature of your Disability**

Please give a brief description of your disability and how it impacts your learning or daily living at university.

What are your primary academic concerns related to your disability?

If this is a temporary situation, what is the expected duration? ________________________________

**Accommodations Used in the Past**

Were you provided with accommodations in high school or another post-secondary institution?

☐ Yes ☐ No

If yes, please check those that were most helpful to you:

☐ Extra time for tests/exams ☐ Use of computer for tests/exams

☐ Writing tests/exams in a quiet environment ☐ Note Taker

☐ Use of adaptive technology; ☐ text to voice software; ☐ voice to text software; ☐ e-texts; ☐ large print; ☐ audio books ☐ video captioning or description

☐ Other (please specify) ________________________________

*All documentation and forms must be submitted to Student Accessibility Services (SAS) by July 31, 2019 for students entering the fall semester. Any forms or documentation received after July 31, 2019 may delay your accommodations.*