

Academic Accommodations: Student Intake and Self-Assessment Form

CONFIDENTIAL

The information collected on this form is to aid the Disability Services Manager to verify the presence of a disability/disabilities and to understand the impact(s) of the disability/disabilities on your academic functioning. The collected information is used to help guide the Academic Accommodation process. This information, including your diagnosis/diagnoses are kept confidential, and your personal health information will not be used or disclosed for other purposes.

Please note that it is advisable to apply for academic accommodations as early as possible, as it could take up to 10 business days or more to complete the accommodations process. Academic accommodations are not associated with JIBC course or program admissions requirements. To be considered for academic accommodations, Disability Services Manager will require appropriate medical documentation.

Submit this form to: studentresources@jibc.ca or CL203A, New Westminster Campus

PERSONAL AND PROGRAM INFORMATION

Student name

Student pronouns

JIBC program or course

JIBC student number

Program/course start date

Program/course end date

JIBC campus (if online, enter 'online')

Student email

Student phone number

Please select one: Enrolled in program/course Applicant Prospective student

PERSONAL AND PROGRAM INFORMATION (Cont.)

Have you been formally diagnosed by a medical practitioner: Yes No In progress

Please select all that apply:

Prefer not to disclose

ADD/ADHD

Deaf/ Hard of Hearing

Head injury (i.e.,
concussion(s),
Traumatic/Acquired
brain injury)

Mental health (i.e.,
anxiety disorder,
bipolar disorder,
depression, schizophrenia)

Autism/Asperger's/
PDD-NOS

Learning (i.e., dyslexia,
dysgraphia, specific)

Chronic health/
medical condition

Physical/Mobility

Visual (i.e., low vision,
legally blind)

Other (Please specify): _____

Is your disability: Permanent Temporary

Is your disability episodic in nature? Yes No

Have you ever had academic accommodations before (in grade school, high school, post-secondary)?

Yes No

If Yes, please describe (i.e., test and classroom accommodations, assistive technology, adaptive furniture):

RELATED POLICIES AND PROCEDURES

[Accommodation of Students with Disabilities](#) (Policy #3209)

[Accommodation of Students with Disabilities](#) (Procedure #001)

[Freedom of Information and Protection of Privacy](#) (Policy #3106)

[Student Records](#) (Policy #3206)

[Release of Student Records](#) (Procedure #004)

Functional Impact Self-Assessment

Skill/Ability	Level of functional impact				
	No Impact	Mild Impact (some of the time)	Moderate Impact (most of the time)	Severe Impact (all the time)	Uncertain
Hearing					
Seeing					
Listening (comprehension or focus)					
Speaking					
Typing					
Writing					
Reading					
Note Taking					
Concentrating/ Paying attention					
Executive Functioning (planning, organizing, problem solving, sequencing, time management)					
Information Processing					
Long-term memory (recall/ retrieve stored information)					
Short-term memory (information stored for about 30 seconds)					
Attending class regularly					
Fatigue					
Managing a full course load					
Managing stress during test/ exams/ assessments					

Skill/Ability	No Impact	Mild Impact (some of the time)	Moderate Impact (most of the time)	Severe Impact (all the time)	Uncertain
Managing stress during class					
Managing internal distractions (i.e., wandering thoughts)					
Managing external distractions (i.e., sounds, sights)					
Sitting for sustained periods of time					
Standing for sustained periods of time					
Other:					

CONSENT FOR COLLECTION AND RELEASE OF INFORMATION

You must provide consent to exchange personal information with the Disability Services Manager in order to be considered for academic accommodations.

By signing this form:

- I hereby give permission to the Justice Institute of BC Disability Services Manager to collect and store personal information regarding my educational and medical history relating to my disability.
- I acknowledge that the Senior Manager of Student Learning Supports and Disability Resources and Registrar, Director of Student Affairs will also have access to my file and medical documentations submitted.
- I understand that my student number may be disclosed for the purpose of institutional research related to program effectiveness and services.
- I acknowledge that the information provided on this form is true and accurate.
- I understand that to rescind or amend this consent I must notify the record holder in writing.
- I acknowledge that if I am under 19 I must have parent/guardian consent.

Student Signature

Year

Month

Day

If applicable: If the student is under 19 a parent or legal guardian must also sign this form.

Parent/Guardian Name

Parent/Guardian Signature

Year

Month

Day