

### Student Accessibility Services McMaster University

McMaster University Student Centre B107 1280 Main Street West Hamilton, Ontario L8S 4S4

# "Intake Form

Date		Student Number		
Name				
F	irst	Initial	L	ast
Undergraduate	Gradua	ite CCE	Continuing	Letter of Permission
Full time	Exchar	ge	Part time	
aculty		Program	1	Level
Address – Permar	nent			<del> </del>
	Num	ber	Street	Apt
	City	/ Town	Provinc	ce Postal Code
Address – School				
(if different from abov	re) Num	nber	Street	Apt
	City	/ Town		Postal Code
Phone: (H):	(	Anytime):	· · · · · · · · · · · · · · · · · · ·	
Email: MacID:			Anytime: _	
Type of Disability	<u>/:</u>			
Acquired Brain Injury		Blind/Visual	Impairment	Learning Disability
ADD/ADHD		Chronic Med	dical	Mental Health
Autism Spectrum		Deaf/Hearin	g Impairment	Physical/Mobility

:/SAS/IntakeForm.doc Last updated:



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## STUDENT ACCESSIBILITY SERVICES ("SAS") CONSENT FOR ACADEMIC ACCOMMODATION-RELATED STUDENT INFORMATION ("CONSENT")

This Consent is intended to permit SAS to receive my academic accommodation and related student information and to release such information to members of the McMaster University community as necessary and as part of my academic accommodation support.

SAS will not release any disability- or diagnostic-related information in our possession without the student's first written and expressed consent.

I hereby authorize SAS to release to the appropriate McMaster University officials (generally, but not restricted to instructors, Faculty Associate or Assistant Deans, Faculty Advisors, Scheduling and Examinations Office personnel, Library Assistant for student with disabilities, AVP Students and Learning, etc. related to the programs and/or courses that I am registered in) information pertaining to my academic accommodations.

- Should I wish to restrict any information from being provided to any specific person at McMaster University about me or my accommodations, I agree to provide notice in writing in a separate email to my SAS Program Coordinator.
- Should I have concerns about the release of my accommodation information. I agree to provide these concerns in writing in a separate email to my SAS Program Coordinator. It should be noted that any limits placed upon SAS with regard to notice of provision of academic accommodations may restrict McMaster University's ability to fully meet any and all accommodation requirements.

All personal or academic-related information retained by SAS, provided by me directly to SAS or to McMaster University (e.g. Mosaic download), will be used for the purpose of arranging academic accommodations, and is in accordance with the federal and provincial legislation related to the possession and release of personal and private information, and McMaster University policies related to the delivery of our Services.

Any information received or transmitted by SAS may occur through different mediums such as in person or in print, by phone, or electronically. Any transmission of information, particularly electronic (e.g. email) cannot be guaranteed secure.

Please refer to the SAS statement on confidentiality of student information.

I understand that the sharing of information is necessary and related to my services/accommodations and that its confidentiality will be respected. By continuing with the online self-registration process, I agree to the foregoing and permit the distribution of information, by SAS, in any media format identified above.

Full name	Signature
Student number	Date



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# STUDENT ACCESSIBILITY SERVICES CONFIDENTIALITY STATEMENT

Student Accessibility Services ("SAS") believes the best service is provided in a respectful, private and confidential manner. Any and all information provided by you to SAS will be accessible by all SAS staff; however, only those SAS staff who need to access your information in order to provide assistance to you have the right to review your information at any point in time. All information arising from contact with SAS staff, which includes but is not limited to full-time, part-time or contract staff, student staff, a volunteer, intern, or any other person within SAS, will remain confidential.

Federal and provincial legislation governing privacy requires that SAS and its staff retain your information in a confidential manner. Information held by SAS related to you, your accommodation or your disability shall not be released in any form without your expressed (verbal, written, electronic means) consent, or by signature contained on any SAS form. However, should any SAS staff member believe you may be of harm to yourself or others such information may be shared with appropriate McMaster University officials as necessary.

All information collected from you through the SAS intake process or from the Office of the Registrar (Mosaic) is for the purpose of allowing SAS to assist you as you have requested. Information contained in your file is accessible to you upon your request with reasonable notice. SAS, from time to time, also uses aggregate data from our records in support of our mission which may be provided to McMaster University officials, and annually as we report to government.

Should you have any questions regarding any of the above information, please feel welcome to address them with your SAS Program Coordinator.

I have read and understand the foregoing and by continuing with the online selfregistration process agree with the foregoing.

Full name	Si	gnature
Student number	Da	ate

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## **Student Self-Assessment**

Please consider the following areas in terms of your disability related challenges. How does your disability affect your abilities/skills in these areas? Giving some consideration to this, ahead of time, will aid in your discussion with a Program Coordinator to determine what reasonable accommodations might best meet your needs.

Writing:
Reading:
Listening:
Understanding:
Organization:
Problem Solving:
Social Interaction:
Physical or Sensory Limitations: