

Student Information	
Student Name: _____ MCP# _____	
School Name: _____ School ID# _____	
Date of Birth: _____	
Deadlines	
Accommodation requests that require consultation with the Manager for Evaluation must be submitted to the District by <b>October 31<sup>st</sup></b> . Accommodation requests in line with Department of Education policy that do not require consultation with the Manager are submitted to the District by <b>February 14<sup>th</sup></b> .	
Section A: Select the student's exceptionality or exceptionalities by checking the appropriate box or boxes.	
<p><b>Acquired Brain Injury</b></p> <p><input type="checkbox"/> Traumatic Brain Injury (TBI)</p> <p><input type="checkbox"/> Illness (e.g. meningitis and stroke) but not degenerative disorders</p> <p><input type="checkbox"/> Concussions that significantly impact functioning</p> <p><b>Mental Illness/Mental Health</b></p> <p><input type="checkbox"/> Anxiety Disorders</p> <p><input type="checkbox"/> Obsessive-Compulsive Disorder</p> <p><input type="checkbox"/> Depressive Disorder</p> <p><input type="checkbox"/> Oppositional Defiant Disorder/Conduct Disorder</p> <p><input type="checkbox"/> Other</p> <p><b>Hearing Loss</b></p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate/Severe</p> <p><input type="checkbox"/> Profound</p>	<p><input type="checkbox"/> <b>Medical Condition</b></p> <p><b>Specific Learning Disorder</b></p> <p><input type="checkbox"/> With impairment in reading</p> <p><input type="checkbox"/> With impairment in Written Expression</p> <p><input type="checkbox"/> With impairment in Mathematics</p> <p><b>Neurodevelopmental and Related Disorders</b></p> <p><input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Attention Deficit Hyperactivity Disorder</p> <p><input type="checkbox"/> Tourette's Syndrome</p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Sensory Processing Disorder</p> <p><input type="checkbox"/> Nonverbal Learning Disability</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> <b>Physical Disability</b></p> <p><b>Speech &amp;/or Language Disorder</b></p> <p><input type="checkbox"/> Mild to Severe Speech Disorder</p> <p><input type="checkbox"/> Moderate to Severe Language Disorder</p> <p><b>Vision Loss</b></p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate/Severe</p>

**Section B: Student's Assessment History**

Comprehensive Assessment (This applies to students diagnosed with acquired brain injury, mental illness/ mental health, medical condition, specific learning disorder, neurodevelopmental and related disorders, and physical disability.)( A doctor's note is not sufficient there must be a comprehensive assessment conducted by an educator.)

Date of Most Recent Comprehensive Assessment: \_\_\_\_\_

Name of Guidance Counsellor or Educational Psychologist who led the comprehensive Assessment:  
\_\_\_\_\_

Speech Language Pathology Report (This applies to students diagnosed with a speech &/or language disorder.)

Date of the Most Recent Assessment: \_\_\_\_\_

Name of Speech Language Pathologist that Completed the Assessment:  
\_\_\_\_\_

Hearing Assessment (This applies to students diagnosed with hearing loss.)

Date of Most Recent Assessment: \_\_\_\_\_

Name of Itinerant:  
\_\_\_\_\_

Vision Assessment (This applies to students diagnosed with vision loss.)

Date of Most Recent Assessment: \_\_\_\_\_

Name of Itinerant:  
\_\_\_\_\_

**Section C: Identify Courses and Select Accommodations**

- Accommodations requested must have been recommended by the PPT and previously utilized effectively by the student.
- Accommodations requested should be consistent with those currently in place.
- If the same accommodations are being requested for more than one course please list all applicable in "Course Information 1". If there are different accommodations being requested for a course or courses please use subsequent "Course Information" sections.

**Course Information 1** (list all courses for which the indicated accommodation(s) apply)

Course name(s) and number(s): \_\_\_\_\_  
\_\_\_\_\_

- extra time; amount of time \_\_\_\_\_
- dictation of responses  scribed  audio-recorded
- reading of the exam
- alternate setting within the school
- text to speech/speech to text:  Word/Speak Q  Read & Write Gold  Kurzweil
- use of other types of assistive technology; please specify \_\_\_\_\_
- large print; font size: \_\_\_\_\_  Braille
- transcribing
- sign language
- use of word processing software
- clarification of instruction
- other; please specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course Information 2** (list all courses for which the indicated accommodation(s) apply)

Course name(s) and number(s): \_\_\_\_\_

- extra time; amount of time \_\_\_\_\_
- dictation of responses  scribed  audio-recorded
- reading of the exam
- alternate setting within the school
- text to speech/speech to text:  Word/Speak Q  Read & Write Gold  Kurzweil
- use of other types of assistive technology; please specify \_\_\_\_\_
- large print; font size: \_\_\_\_\_  Braille
- transcribing
- sign language
- use of word processing software
- clarification of instruction
- other; please specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course name(s) and number(s): \_\_\_\_\_

- extra time; amount of time \_\_\_\_\_
- dictation of responses    scribed    audio-recorded
- reading of the exam
- alternate setting within the school
- text to speech/speech to text:    Word/Speak Q    Read & Write Gold    Kurzweil
- use of other types of assistive technology; please specify \_\_\_\_\_
- large print; font size: \_\_\_\_\_    Braille
- transcribing
- sign language
- use of word processing software
- clarification of instruction
- other; please specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Student Support Services Teacher (Please Print)

\_\_\_\_\_  
Signature of Student Support Services Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**Section D: This section to be Completed by the Senior Education Officer for Student Support Services**

- approved       partially approved       not approved
- request consultation with Manager for Evaluation

Details (required when partially approved, not approved, or when consultation is requested)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
I Certify that I have read and approve this application.

Signature of Senior Education Officer for Student Support Services

\_\_\_\_\_  
Date