

SELF-IDENTIFICATION FOR STUDENTS WITH DISABILITIES

CMU strives to provide a fair and supportive learning environment for academically qualified students with disabilities. The University will seek ways to develop and provide services that support the endeavors of students with disabilities. Please contact the Coordinator of Disability Programs to set up a meeting at sleoppky@cmu.ca

In order to receive accommodations for disabilities, students are required to complete this form. Student should provide appropriate documentation from a registered health care professional using the **Verification of Disability** form. Once all documentation has been received, a variety of accommodations will be discussed. Accommodations are made without compromising academic integrity.

Name: _____ ID #: _____

Email: _____ Phone #: _____

Are you planning to live on campus? Yes No

If so, may we share information from your self-identification form with your RA? Yes No

Please indicate the nature of your disability:

- Blind/visually impaired
- Deaf/hearing impaired
- Mobility impairment

(Please provide professional documentation, completed within the last three years, if any of the following apply.)

- Acquired Brain Injury
- Autism Spectrum Disorder
- Chronic pain
- Emotional or psychological condition: _____
- Learning disability (including ADD/ADHD):
Psycho-educational assessment completed by: School Outside psychologist
- Medical condition

Please provide specific information about your disability (including medication):

Please indicate services you are requesting:

- Academic support for time management, study skills, etc.
- Alternate format texts and course materials: _____
- Computer use for test – indicate specific programs requested:

- Examination accommodations – please specify: _____
- FM system for deaf/hearing impaired
- Quiet exam writing space
- Tutors
- Wheelchair accessible residence
- Other – please explain: _____

Please list specific computer equipment or assistive devices you use:

Describe accommodations received in high school, colleges, or universities you have attended. Include Individual Education Plans (IEP) when applicable:

Optional

Comment on how your disability affects you academically, socially, mentally and/or emotionally:

Please include all relevant documentation with this form. We cannot process requests until all documentation has been provided.

The information I have provided on this form is, to the best of my knowledge, accurate. I understand that relevant information collected on this form may be shared with the necessary personnel of Canadian Mennonite University for the purpose of establishing or reviewing accommodations for my course work and examinations.

Signature

Date

For Office Use Only

Date Received: _____