

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 Accessibility Programs to set up a meeting at sloppky@cmu.ca.

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

Name: _____ ID #: _____

Email: _____ Phone #: _____

Please indicate the nature of your disability:

- Sensory issue (visually impaired, deaf, hearing impaired)
- Head injury
- Mobility/functional issue

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

- Acquired brain injury
- Autism spectrum disorder
- Mental health
- Learning disability (including ADD/ADHD):
 - Psycho-educational assessment completed by: School Outside psychologist
- Chronic health issue
- Temporary condition (please specify): _____

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
- Service animals (talk to Accessibility Programs for additional documentation)
- Other – please specify: _____

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 as needed to provide appropriate services and supports.

Signature

Date

For Office Use Only

Date received: _____