



## Registration Form

Instructions: This form will take approximately 15–30 minutes to complete. Complete it in one session as it cannot be saved partway through. You can download a view-only copy of the intake form to review the questions before completing it online.

### Personal Information

\* First name:

\* Last name:

\* Student number:

\* Email:

\* An asterisk indicates a required field

### 1. CONTACT INFORMATION

\* Preferred Contact Email (Mandatory)

Preferred Name (optional)

Chosen Pronouns (optional)

Emergency Contact Name (Optional)

Emergency Contact Relationship (Optional)

Emergency Contact Phone Number (Optional)

**Are you a domestic or international student?**

\* (Mandatory)

Domestic  International

### 2. CONFIDENTIALITY AND CONSENTS

We take your privacy seriously. All ALS staff are bound by law and professional ethics to safeguard your privacy and confidentiality. We collect only the information necessary to provide services and safeguard it under legal and ethical standards.

Your consent is required to share any information with third parties.

**Read Full Consent and Confidentiality Policy.****Do you identify as, or suspect, you are a learner living with a disability or disabling medical condition?**

\* (Mandatory)

 Yes  No I consent to the sharing of information about my accommodation and service needs. (Mandatory)**3. DISABILITY INFORMATION**

Please check all the categories that best describe your disability. In accordance with the Ontario Human Rights Code, you are not required to disclose a specific diagnosis.

**Nature/Type of Disability (Mandatory).**

- Physical Disability – prefer not to disclose
- Non-physical Disability – prefer not to disclose
- ADHD
- Autism Spectrum Disorder
- Mobility Impairment
- Learning Disability
- Low Vision/Blind
- Hard of Hearing/Deaf/Deafened
- Acquired Brain Injury
- Medical Disability/Chronic Illness
- Mental Health
- Suspected Disability/Medical Condition (not diagnosed)

**Do you need a plan for medical needs such as a seizure disorder or allergies?**

\* (Mandatory)

 Yes  No**Do you need a plan for emergency evacuation?**

\* (Mandatory)

 Yes  No**Do you need to request an accommodation for a service animal or emotional support animal?**

\* (Mandatory)

 Yes  No**4. SELF-REPORT ASSESSMENT**

Share how your disability impacts you and your academic challenges. Please check all the categories that best describe your experiences.

**Academic Challenges and Skills Reflection (Mandatory).**

1. Reading : Difficulties with understanding text, needing to read material multiple times.
2. Writing : Challenges with expressing thoughts clearly in writing, spelling, or sentence construction.
3. Math : Trouble with basic operations or advanced concepts related to your field of study.
4. Note-taking : Difficulties capturing key points during lectures.
5. Organization : Problems keeping track of assignments and deadlines.
6. Time management : Challenges with prioritizing tasks and meeting deadlines.

**Provide any other details that may help us understand your needs better [optional]**

Describe how your disability affects you in your day-to-day life and/or in school

Accommodations/supports used in the past

Assistive technology used

Additional information you would like to share

### 5. OSAP INFORMATION

Please provide details about your OSAP status so we can assess your eligibility for disability-related funding

**Have you applied for OSAP?**

**\*** (Mandatory)

Yes  No

**If eligible, have you uploaded a Disability Verification Form (DVF) to your OSAP account?**

**\*** (Mandatory)

Yes  No

### 6. UPLOAD DISABILITY DOCUMENTATION

You may upload your disability-related documentation now or at a later date in the Student Portal. Documentation is not required to complete this form.

Examples of disability documentation: Individual Education Plan (IEP), Psychoeducational Assessment, Medical Report Form or OSAP Disability Verification Form.

**Do you have documentation regarding your disability?**

**\*** (Mandatory)

Yes  No

File Upload Sections with descriptions.

Maximum file size is 300MB

Description of File 1:

File 1 :

No file chosen

Description of File 2:

File 2 :

No file chosen

## 7. NEXT STEPS

Once you submit this form, you'll receive a confirmation email with detailed instructions for the next steps. Please check your email, as it contains important information about scheduling your appointment and connecting with us.

**Humber Institute of Technology and Advanced Learning**

**Student Wellness and Accessibility Centre**

**[Contact Us](#)**

**North and Carrier Drive Campuses: 416-675-5090**

**Lakeshore Campus: 416-675-6622 ext. 3331**