



STUDENT INTAKE AND SELF-ASSESSMENT

Accessibility Services

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

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Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

To register with BCIT Accessibility Services:

1. Submit both completed Student Intake and Self-Assessment Form and medical documentation to Accessibility Services office via email (accessibility@bcit.ca), fax (604.432.8839), or in person to SW1 2360, Burnaby campus.
2. Once you submitted the above documents, please contact us to book an appointment for an intake appointment.

For medical documentation, Accessibility Services encourages the use of the BCIT Medical form. Alternatively, we would accept a comprehensive report from your regulated health care professional that meets all of the following criteria:

- Confirms you have a disability/diagnosed health condition;
- Must be current enough to appropriately speak to the present status of your condition and must have been completed within the past five years;
- Provides information regarding your functional limitations (refer to BCIT medical form if unclear); and
- Identifies how your limitations specifically impact your participation in post-secondary studies.

STUDENT CONSENT TO RELEASE OF INFORMATION FOR MEDICAL DOCUMENTATION

Student Name	Student ID Number A0	Date of Birth (YYYY/MM/DD)
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Accessibility Services requires documentation of the student's health condition /disability in order to establish eligibility and provide appropriate services.

Under the Canadian Charter of Rights and Freedoms individuals are protected from discrimination based on disability. Medical documentation is to verify that a disability and/or health condition exists and the student experiences related functional limitations.

A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the related need for accommodations and/or services.

The information you provide will be kept strictly confidential within the student's file at BCIT Accessibility Services office ONLY and does NOT appear on any official BCIT records, test results, academic transcripts or graduation documentation. Indicated by the signature below, you are providing permission to release information to BCIT Accessibility Services.

Disclosure of a specific diagnosis is NOT required to access academic accommodations, services and support. However, disclosure of a diagnosis or disability type is often useful to the professionals specifically trained in the provision of disability accommodations to better understand a student's needs. There are certain circumstances where a diagnosis is required to establish eligibility for certain private (external) and federally or provincially-funded supports and/or services.

STUDENT CONSENT TO RELEASE OF INFORMATION

I _____ give permission to BCIT Accessibility Service to review my medical documentation and my Student Intake and Self-Assessment form in preparation for an intake meeting to determine eligibility for services.

Student Signature	Date (YYYY/MM/DD)
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OFFICE USE ONLY

Appointment Date (YYYY/MM/DD)	Appointment Time	Voc. Rehab. Specialist
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STUDENT INTAKE AND SELF-ASSESSMENT

Student ID Number A0	First Name	Middle Name	Last Name	
Preferred Name (optional)		Preferred Gender Pronoun (optional)	Birth Date	
Address		City	Province	Postal Code
Home Phone	Cell Phone	BCIT E-mail	Alternative E-mail	

STUDENT/PROGRAM STATUS

Currently: <input type="radio"/> Enrolled at BCIT <input type="radio"/> Accepted <input type="radio"/> Applied <input type="radio"/> Wait-listed <input type="radio"/> On-campus <input type="radio"/> Distance Ed/On-line	<input type="checkbox"/> Full-time Program <input type="checkbox"/> Part-time Area of study Start date (YYYY/MM/DD)	Campus (check ALL applicable) <input type="checkbox"/> Burnaby <input type="checkbox"/> Aerospace <input type="checkbox"/> Downtown <input type="checkbox"/> Marine <input type="checkbox"/> Annacis Island <input type="checkbox"/> Other _____
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DISABILITY

To better assist you, choose one or more categories that best describes your disability(s) using the following choices:

- | | |
|---|--|
| <input type="checkbox"/> Chronic health impairments | <input type="checkbox"/> Neurological (learning disabilities/ADHD/ASD) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Other disability |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Choose not to disclose at this time |
| <input type="checkbox"/> Speech impairment | |

SELF-ASSESSMENT IN PREPARATION FOR YOUR FIRST APPOINTMENT

Although you may not have answers to all the questions, please do your best to provide the following information.

Please indicate the topic(s) you wish to discuss during your intake appointment (select all that apply):

- Academic accommodations
- Assistive technology to offset impact of disability or medical condition
- Disability-related funding applications (e.g. Appendix 8 (Canada Student Grant, etc.);
- Other

Describe how the diagnosed medical condition(s) impacts your ability to learn (e.g. organization, attendance, writing exams, studying, etc.) at post-secondary education.

Describe what accommodations or services you think you will need at BCIT based on your above noted limitations.

Have you developed any strategies to help you manage any particular learning challenges? No Uncertain Yes (please specify below)

Did you have accommodations in high school and/or at another post-secondary institution? No Uncertain Yes (please specify below)

Have you used assistive software and/or technology to offset the impact of the disability on your studies (e.g. Read & Write Gold, Kurzweil, Dragon Naturally Speaking, Zoom Text, etc.)? No Uncertain Yes (please specify below)

Have you used any assistive devices in the past (e.g. a back support, an ergonomic chair, etc.)? No Uncertain Yes (please specify below)

PLEASE INDICATE ANY OF THE BELOW IF APPLICABLE (OPTIONAL)

Information Collection Purpose: to identify procedures related to disclosure, StudentAid BC loans, and location of services.

Are you currently accessing any support(s) through any other BCIT or external services to address your disability related barriers (e.g., Learning Commons, Tutoring, accessing instructor office hours, WorkBC, etc.)

Not yet Uncertain Yes (please specify below)

Program specifics

Is your high school program dual-credited? No Yes (please specify high school below)

Is your program a partnership program between BCIT and another post-secondary institution? No Yes (please specify below)

Does your program have exams administered by external agencies? (e.g. ITA, CompTIA, etc.) No Yes (please specify below)

How are you funding school?

- | | |
|---|--|
| <input type="checkbox"/> Self/Family | <input type="checkbox"/> StudentAid BC (student loans) |
| <input type="checkbox"/> Loan Program outside of BC | <input type="radio"/> Applied |
| <input type="checkbox"/> Other (please specify) | <input type="radio"/> Applied and Approved |
| | <input type="radio"/> Applied and NOT Approved |
| | <input type="radio"/> Did not Apply |
| | <input type="radio"/> Not eligible |

Referred to Accessibility Services by:

- | | |
|----------------------------------|---------------------------------------|
| <input type="radio"/> Self | <input type="radio"/> Agency |
| <input type="radio"/> Instructor | <input type="radio"/> Physician |
| <input type="radio"/> Parent | <input type="radio"/> Other (specify) |
| <input type="radio"/> Friend | |

Please provide any further information you think we should know about you:

BCIT collects personal information that you chose to provide on this form under the authority of section 26 of the Freedom of Information and Protection of Privacy Act RSBC, 1996 c. 165 and the College and Institute Act, RSBC, 1996, c 62.

This information will be used for identity confirmation, to determine your eligibility for academic accommodations and if eligible, to provide the appropriate accommodations. BCIT will not disclose this personal information to a third party or to another BCIT program area outside of Accessibility Services without your consent unless required by provincial and or federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information on by BCIT may be directed to the Associate Director, Privacy, Records Management and copyright, 3700 Willingdon Ave., Burnaby BC V5A 3H2, Tel 604.432.8508 Email Cynthia_Kent@bcit.ca