New Student Registration Package
For Students With a Documented
Accessibility-Related Need

Student Name: ____________________________________________

For SAS Office Use Only

Admin Staff:

☐ New Student Info Entered in Clockwork  Signature: ______________________________

☐ Prospective Student  ☐ Full-time Student  ☐ Part-time Student  ☐ International Student

☐ AB Student Loan Application Submitted  ☐ Out-of-Province Student Loan Application Submitted

☐ LSE Tag Input Date: _______________ Signature: ______________________________

Accessibility Advisor:

☐ Full Documentation Submitted  ☐ Partial Documentation Submitted  ☐ Student Seeking Diagnosis

External Referral: ☐ Yes  ☐ No

☐ Psychoeducational Assessment  ☐ Irlen Assessment  ☐ Other: __________________________

Advisor Signature: _______________________________  Date: __________________________
How to Register

This document outlines the steps you need to take to register with Student Accessibility Services (SAS).

- Section A outlines the steps you need to take to obtain, complete and return the registration package to SAS as well as information regarding next steps in the process.
- Section B is the New Student Information Form that you are required to complete in order to access services.
- Section C contains appendices of documents that require completion, a list of definitions, and information pertaining to available student grants and types of documentation required in order for SAS to provide accommodations.

You can register with SAS at any time throughout your program!

Registering as soon as you are accepted to the University or before classes begin is best.

At peak times (August to October and January) you may experience a short waiting period for your first appointment.

We support all registered students on the Augustana Campus in all Faculties and Programs.

Section A: Instructions & Information

Step 1:
Fill out the New Student Information Form as completely as possible. You can discuss your needs further when you meet with your Accessibility Advisor.

If you have any questions about the Registration Package or the process, please contact:

Sarah Tregonning
Student Accessibility & Success Advisor
Student Accessibility Services
2-06 Founders’ Hall, Augustana Campus
4901 – 46 Avenue, Camrose, AB T4V 2R3
T: (780) 679-1649
E: augsas@ualberta.ca
Step 2:
Attach copies of documentation from an appropriately certified professional that provides verification of your disability. If you do not have documentation of your disability, see the Verification of Disability Form (Appendix 1) and cover letter to be completed by an appropriately certified professional.

Complete the Release of Information Form (Appendix 2), if you want your parent(s) or a designated person to be able to access information from SAS or be involved in SAS service delivery. If you do not want information shared, check No and sign the form. Also sign the Acknowledge of Personal Information Usage Form (Appendix 3).

The Accessibility Advisor will review the information with you during your first appointment and advise you about whether the documentation is sufficient, needs updating, or if additional information is needed.

Step 3:
If you are a Canadian student you are required to submit an application to your province’s student financial aid office. Many of the services provided by SAS have costs associated with them. These fundable services can be paid for by a grant through your province’s student financial aid program. You do not need to take out a loan to receive this grant; however, you need to be eligible to receive a loan in order to receive the grant. Section C provides further information regarding grant funding. You will also need to review, sign and submit the Agreement to Remit Funds Form (Appendix 4) and the Funding Confirmation Form (Appendix 5).

Step 4:
Submit your Registration Package by fax, email, mail, or in person. A completed Registration Package must be submitted to SAS prior to the intake/consultation appointment being booked. Please allow up to one week for the package to be reviewed. SAS will contact you regarding any missing information.

Step 5:
SAS will contact you for an appointment with an Accessibility Advisor once the Registration Package is complete.
Section B: New Student Information Form

General Information:

First Name: ___________________________ Last Name: ___________________________

Preferred Name: ______________________ Date: _____________________________
(if different from above)

Address: _____________________________________________________________

City: ____________________________ Province/State: ____________________________

Country: ____________________________ Postal Code: ____________________________

Student ID Number: ____________________________ Phone Number: _____________

U of A email address: ____________________________ @ualberta.ca

May we phone you? ☐ Yes ☐ No

If No, specify preferred method of contact: _______________________________________

If Yes, may we leave you a message? ☐ Yes ☐ No

Emergency Contact Name: ______________________________________________________

Relationship: ________________________________________________________________

Contact Phone Number(s): ______________________________________________________

Have you used SAS services before? ☐ Yes ☐ No

If yes, who was your Accessibility Advisor? ________________________________

If yes, when were you here? _________________________________________________

What is your current status at the University of Alberta, Augustana Campus?

☐ Prospective Student ☐ Full-time Student ☐ Part-time Student
Have you ever been on Academic Probation or Suspension?  Yes [ ] No [ ]

Are you currently on Academic Probation or Suspension?  Yes [ ] No [ ]

Are you an International Student?  Yes [ ] No [ ] If yes, skip the next two questions.

Are you an Out of Province student*?  Yes [ ] No [ ]

*The definition of an Out of Province student can be found here: [link]

If yes, what is your home province? ________________________________

Are you planning to apply for a student loan for this school term or have you already done so?  Yes [ ] No [ ]

If you have already submitted a student loan application, what is your application number?

________________________________  __________________________________

If you are not applying for student loan funding and are NOT an international student, please review the U of A policies at [link] and be aware that you might be required to submit a Student Aid Application in order to access fundable accommodations and services through SAS.

Personal Assessment:

Who suggested you contact SAS? ______________________________________

Is your disability (check one):

[ ] Permanent  [ ] Progressive  [ ] Temporary

State your disability and how your learning/studies are impacted by it. Please check all boxes that apply.

[ ] Chronic Health Problem (e.g., epilepsy, MS, MD, IBD, Cancer, etc.)
   Disability: ____________________________________________________________
   Functional Impacts: ____________________________________________________
   ____________________________________________________________
☐ Mobility/Functional Disability (e.g., CP, Polio, RSI, arthritis, etc.)
  Disability: _____________________________________________________________
  Functional Impacts: ____________________________________________________

☐ Mental Health Condition (e.g., Depression, Bipolar, Anxiety Disorder, OCD, etc.)
  Disability: _____________________________________________________________
  Functional Impacts: ____________________________________________________

☐ Learning Disability or ADHD/ADD
  Disability: _____________________________________________________________
  Functional Impacts: ____________________________________________________

☐ Brain Injury or Concussion
  Disability: _____________________________________________________________
  Functional Impacts: ____________________________________________________

☐ Sensory Disability (e.g., Hearing, Vision)
  Disability: _____________________________________________________________
  Functional Impacts: ____________________________________________________

☐ Other Disability: _______________________________________________________
  Functional Impacts: ____________________________________________________

Have you previously received educational accommodations/supports?  Yes ☐  No ☐
☐ Grades K - 7  ☐ Grades 8 - 12  ☐ Post-Secondary
If yes, please list the accommodations or supports you received. Be sure to include academic accommodations (extensions, recording lectures, etc.), support services (readers, scribes, aides, etc.), learning assistance (strategists, tutors, etc.), alternate format requirements, and exam accommodations.

________________________________
________________________________
________________________________

Please list adaptive technology and equipment you used previously to attend school and complete your academic work (CCTV, FM System, specialized software, etc.).

________________________________
________________________________
________________________________

If you have had accommodations in the past, which ones do you anticipate continuing to use at U of A Augustana Campus?

________________________________
________________________________
________________________________

If you have **not** had accommodations in the past, in which areas do you need assistance? Please describe how this affects your education.

________________________________
________________________________
________________________________
________________________________
________________________________


### Definitions

Definitions of Accommodations provided by SAS will be available on the SAS website ([http://aug.ualberta.ca/sas](http://aug.ualberta.ca/sas)). Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreement to Remit Funds</strong></td>
<td>Grant funding for accommodations and services is received by the student through the National and Provincial financial aid programs. The Agreement to Remit Funds form is the student’s promise to SAS that they will pay for fundable services, with grant money they are awarded, upon receipt of an invoice from SAS.</td>
</tr>
<tr>
<td><strong>Cost Outline</strong></td>
<td>This is an outline of the services (and cost of the services) that the student will be accessing for the academic term or year. The Cost Outline is prepared by the Accessibility Advisor and submitted with a student’s Schedule 4 or the documentation required by other provinces regarding the cost of services.</td>
</tr>
<tr>
<td><strong>DSM-V</strong></td>
<td>This is the Diagnostic and Statistical Manual of Mental Disorders and is the standard classification of mental disorders used by mental health professionals.</td>
</tr>
<tr>
<td><strong>Educational Accommodations</strong></td>
<td>This is a modification or service that is provided to a student with a disability to provide that student with an equal opportunity to benefit from their education.</td>
</tr>
<tr>
<td><strong>Formal Documentation</strong></td>
<td>This is documentation provided by a certified professional that includes a diagnosis, permanency of disability, and the functional impact of a student’s disability on their educational studies.</td>
</tr>
<tr>
<td><strong>Functional Impact</strong></td>
<td>Barriers the student is experiencing in the educational setting that impact the student’s ability to perform tasks required to achieve his/her education goals or negatively impact his/her potential.</td>
</tr>
<tr>
<td><strong>Reasonable Accommodation</strong></td>
<td>Reasonable adjustments to the delivery of services in order to reduce the impact of a student’s accessibility-related need (disability) on their academic success which are unique to each individual. Accommodation is a shared responsibility between the University and the student and neither requires or implies that the University lower its academic standards. Nor does reasonable accommodation relieve the student of that student’s responsibility to develop the essential skills and competencies required by programs.</td>
</tr>
<tr>
<td><strong>Schedule 4/Documentation required by other provinces</strong></td>
<td>Section of the Student Loan application related to obtaining grants for disability-related services. Your Accessibility Advisor must sign this form in order for you to be approved for any of the disability grants.</td>
</tr>
<tr>
<td><strong>Verification of Disability Form</strong></td>
<td>This is a form that SAS provides students who are without documentation or have incomplete documentation. It must be completed by a certified professional (doctor, psychologist, or specialist) and is used for the purposes of providing and accessing funding for reasonable accommodations.</td>
</tr>
</tbody>
</table>

All information provided to our service is kept confidential and shared only with your permission.
**Type of Disability and Required Documentation**

**Deaf, Hard of Hearing:** Audiologist’s report, letter from a physician with an explanation of the degree of hearing loss, or completion of a **Verification of Disability** by a physician with explanation of the degree of hearing loss.

**Blind, Partially Sighted:** Specialist’s report, letter from a physician with a description of the functional limitations, or completion of a **Verification of Disability** by a physician with description of the functional limitations and how they impact your ability to pursue post-secondary studies.

**Learning Disability:** Psycho-educational assessment completed by a psychologist.

**Mobility/ Agility:** Specialist’s report, letter from a physician with an explanation of the nature of the mobility/agility impairment, or completion of the **Verification of Disability** by a physician with description of the functional limitations and how they impact your ability to pursue post-secondary studies.

**Attention Deficit Hyperactivity Disorder:** Psychologist’s report, Neuropsychological report, letter from a psychiatrist, letter from a physician with details about the diagnosis, or completion of a **Verification of Disability** by a psychiatrist, psychologist or physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Psychiatric or Psychological:** Psychologist’s report with a DSM diagnosis, letter from a psychiatrist with a DSM diagnosis, letter from a physician with details about the diagnosis including the DSM diagnosis, or completion of the **Verification of Disability** by a psychiatrist, psychologist or physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Autism, Asperger, Rhett Syndrome:** Psychologist’s report, or letter from a physician with details about the diagnosis, or completion of a **Verification of Disability** by a psychologist or physician with details regarding diagnosis and how it impacts upon ability to pursue post-secondary studies.

**Brain Injury, Cognitive Impairment:** Neuropsychological report, brain injury/cognitive impairment report/assessment, or completion of a **Verification of Disability** by a physician or specialist with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

**Other Permanent Disabling Condition:** Completion of a **Verification of Disability** by a physician with details regarding diagnosis and how it impacts your ability to pursue post-secondary studies.

Documentation provided to SAS is kept confidential and shared only with your permission.
Funding Information for SAS Students

Provincial and federal grants are available to cover accessibility-related service costs. Students using SAS services (excluding exam accommodations) must apply online for grants via the student loan process. If students are eligible for even $1 of Canada Student Loans, the two grants described below may be available.

1. The Canada Student Grant for Persons with Permanent Disabilities (CSG-PD)

   • Up to $2,000 per year ($1,000 per term) to reduce indebtedness which can be used at the student’s discretion. This can reduce the amount of student loan owed by up to $2000/year and add up to significant savings over time.
   
   • The first time you apply for the CSG-PD, the following items must be submitted together:
     o A completed loan application;
     o Documentation of disability/medical condition. The documentation must contain specific information regarding diagnosis, symptoms, permanency, and functional impact of disability in the academic environment. To learn more about the requirements, please speak to an Accessibility Advisor; and
     o A Schedule 4 Form completed and signed by an Accessibility Advisor.
     o Please Note: If you are a dependent student (under age 22, with at least one parent living in Alberta, and/or out of high school for less than four years), are married or common-law, you must submit a Schedule 1 Form completed by you and parents/spouse in order to receive the CSG-PD or the CSG-SE.
   
   • If you are continuing your studies and have previously received the Canada Study Grant, the CSG-PD is automatically disbursed when you reapply for student loans in following years.

2. The Canada Student Grant for Services & Equipment for Persons with Permanent Disabilities (CSG-SE)

   • If you are eligible for provincial or federal loans, your Accessibility Advisor assists you to apply for service and equipment grants. The CSG-SE provides up to $8,000/year to fund required accessibility-related services such as note-taking, interpreting, strategy supports, software, etc.
   
   • The grant application for CSG-SE must include:
     o Documentation of disability/medical condition (if not previously submitted);
     o A cost outline of accessibility-related services for which you are eligible in the upcoming academic term. (These services are based on need and determined in consultation with an Accessibility Advisor who completes the cost outline and submits it to Student Aid prior to the start of the term, ideally); and
     o A signed copy of the Schedule 4 Form also signed by an SAS Accessibility Advisor.

Services for students who do not qualify for Federal/Provincial funding may be funded through an alternate source. However, alternate funding is limited and Federal/Provincial funding must be explored first.
Appendix 1: Explanation to Practitioner for the Purpose of Verification of Permanent or Long-Term Disability

To Whom It May Concern:

Student Accessibility Services (SAS) provides individualized services to students with disabilities to support them in successfully meeting their educational goals. **Students accessing services through SAS are required to provide documentation of a permanent health condition or long-term disability.** In addition, students applying for government grant funding to cover the cost of such services/accommodations are also required to provide verification of disability to determine eligibility.

The documentation of disability must be provided by a medical practitioner appropriately qualified to be involved in the diagnosis(es) and/or in the treatment of the individual. Enclosed you will find a brief form. SAS requests that you complete this form or provide a similar document that outlines:

1. **The diagnosis(es) and/or nature of the condition;**
2. **Whether or not the condition is long-term, permanent or temporary; and**
3. **The impact of the condition when completing academic coursework, completing field or clinical placements associated with the student’s program of studies, and when interacting in the university environment.**

As the medical professional, your role is to identify impacts of the diagnoses. Specific accommodation decisions are based on the information provided by the student (including the form you are asked to complete), essential competencies required in the program/degree/course, and case-by-case factors. Medical professionals do not need to identify specific accommodations.

The information can be sent to the above address, to augsas@ualberta.ca or faxed to 780-679-1601. If you have questions, please contact SAS at 780-679-1649 or augsas@ualberta.ca. Thank you for your attention to this matter.

Sincerely, SAS Accessibility Advisor
Appendix 1: Verification of Disability

Patient/Client Name: ____________________________________________________

1. Nature of the Disability

Provide the specific diagnosis(es) and describe the nature of the disability(ies). In the case of mental health diagnoses, please include reference to the DSM-V criteria.

How long has the condition been present?

Is the diagnosis(es):

☐ Temporary? Please indicate approximate time to return to full function:

........................................................................................................................................

☐ Permanent? (i.e. not likely to fully resolve within the individual’s life time)

☐ Stable? (i.e. Impacts in communal living environments with rules involving scents, combustion, etc. not likely to exacerbate)

☐ Degenerative? (i.e. impacts likely to exacerbate)

2. Impact of the Disability on Academics and Practicum Placements:

Does this diagnosis(es) affect the following? Indicate impact below.

☐ Energy level ................................................................................................................

☐ Communication ...........................................................................................................

☐ Exam Writing .............................................................................................................
☐ Reading
☐ Writing
☐ Retaining information (memory)
☐ Mobility
☐ Ability, over extended periods, to:
  ☐ Take notes
  ☐ Remain seated or stationary
  ☐ Maintain Focus or Concentration
  ☐ Carry Heavy Objects
☐ Impacts in Communal Living Environments with rules involving scents, combustion, etc.

I certify that the information provided on this form is accurate.

Signature: ___________________________ Date: ___________________________

Certifying Professional: ____________________________________________
(Print or use official stamp, include professional designation)
Address: __________________________________________________________
Phone: ____________________________________________________________
Fax: ________________________________________________________________

Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS). Personal information on this form may be shared, on a need to know basis, with U of A faculties, departments or units. Questions regarding the collection, use and disposal of this information can be directed to SAS at 780-679-1649 or augsas@ualberta.ca.
Appendix 2: Authorization for Release of Information

I, ________________________________, hereby voluntarily authorize Student Accessibility Services (SAS) to release information from my SAS file to:

Name of Contact: ________________________________

Relationship/Institution/Organization: ________________________________

Telephone: Home: _________ Work: _________ Cell: _________

Email: ________________________________

I agree that access to information about my SAS file will be for the following purpose(s) (e.g. sharing accommodation information, sharing funding-related information):

This authorization may be revoked by me at any time through a written request; however, it will not apply to information shared prior to the written request being received by SAS.

This authorization shall expire on (specify date or event): ________________________________

Student Signature: ________________________________

Student Name (printed): ________________________________

Date: ________________________________

Witness Signature: ________________________________

Witness Name (printed): ________________________________

Date: ________________________________
Appendix 3: Acknowledgement of Personal Information Usage

Personal information provided as part of this form is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS).

Personal information in the renewal package may be shared, on a need-to-know basis, with University of Alberta faculties, departments or units.

I hereby give permission for the information I have provided to be used for the above noted purposes.

I also understand that verification of my disability(ies) or medical condition(s) may be required prior to accessing the services available through SAS and that I may be asked to update related documentation periodically.

Questions regarding the collection, use and disposal of this information can be directed to:

Student Accessibility Services (SAS)
2-06 Founders’ Hall | Augustana Campus
4901 – 46 Avenue | Camrose, AB | T4V 2R3
T: (780) 679-1649 | E: augsas@ualberta.ca

Student Signature: ____________________________ Date: ______________________

Witness Signature: ____________________________ Date: ______________________

Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS). Personal information on this form may be shared, on a need to know basis, with U of A faculties, departments or units. Questions regarding the collection, use and disposal of this information can be directed to SAS at 780-679-1649 or augsas@ualberta.ca.
Appendix 4: Agreement to Remit Funds

All students (except international students) using approved accommodation services with Student Accessibility Services (SAS) must apply for provincial and federal grants to defray the costs of those services. To the extent that provincial and federal grants do not cover the full cost of approved accommodation services for a Canadian student, and the student demonstrates that best efforts were made to acquire the maximum grant funding available, the University’s normal practice is to assume responsibility for the balance of the cost of the approved accommodation service.

I, ________________________________________________________________, First Name, Last Name U of A Student ID number

being eligible to apply for provincial and federal grants to defray the cost of accommodation services, hereby agree to pay the University of Alberta [Student Accessibility Services (SAS)], for the cost of service(s) provided to me during the academic year, as outlined in each Cost Outline of accessibility-related services.

I understand that:

☐ I am responsible for requesting, scheduling, and cancelling services using the correct forms and in accordance with deadlines and procedures related to the service outlined on the SAS website (http://aug.ualberta.ca/sas).

☐ The SAS service(s) provided to me will be tracked by SAS and I may ask to see an itemized list of services delivered.

☐ Charges apply to SAS service(s) that I request but do not use unless I provide adequate notice of cancellation as outlined on the SAS website.

☐ Failure to pay the University of Alberta (SAS) for the cost of services provided to me during the academic year may result in:
  • an encumbrance placed on my student account, which may result in the inability to register for courses, obtain transcripts or convocate (University of Alberta Calendar section 23.9.10) until:
    ✓ the outstanding balance has been remitted to SAS, or
    ✓ a written agreement, outlining a payment schedule between SAS and myself, has been developed and signed.
☐ Payment to SAS will occur:
   • Once I receive the Canada Access Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-SE) for which I am applying through the Schedule 4 Form as part of the Canada Student Loan Application. I agree to remit payment for SAS accommodation service costs to SAS within 30 days of billing notice.
   • If, despite being eligible to apply for provincial and federal grants to defray the cost of accommodation services, I choose to use my own/personal financial resources to pay for service(s) provided by SAS, I agree to make full payment to SAS within 30 days of billing notice from SAS.

☐ I further understand that:
   • SAS will issue a receipt for funds remitted for equipment and services provided by SAS.
   • I am required to submit receipts to Student Aid showing that grant monies I have received have been used for the intended purposes.
   • After clearing all balances with SAS, I am responsible for returning any unused grant funding to Student Aid.
   • If I fail to submit receipts to Student Aid showing that the grant monies I have received have been used for the intended purposes and/or if I fail to return any unused grant funding to Student Aid (the unaccounted-for funds), and, as a result, the amount of my grant funds for the following year are reduced by the amount of the unaccounted-for funds, I understand that, in the following year, I will be responsible for paying to the University of Alberta [SAS] the shortfall in funding created by the unaccounted-for funds. Failure to pay for the shortfall in funding will result in an encumbrance being placed on my student account or a suspension in services, as described above.
   • I am responsible for securing and submitting receipts to Student Aid for accessibility-related equipment and services received from non-SAS service providers (e.g., tutors, parking, etc.).
   • If I fail to seek grant funding where eligible, I will be personally responsible to pay SAS for the cost of accommodation services.

Student Signature: ________________________________ Date: __________________

Witness Signature: ________________________________ Date: __________________
Appendix 5: Funding Confirmation

Student Name: ____________________________________________________________

Student ID Number: _______________________________________________________________________

2. Based on personal need and/or the information provided above, have you submitted a student loan application for this school term/academic year?

☐ Yes. Please provide confirmation number: ______________________________________________

☐ No. Please indicate reason: ____________________________________________________________
____________________________________________________________________________________

3. Do you receive funding from another organization (WCB, Band, insurance, etc.) to attend school? If yes, please provide name and contact information:
____________________________________________________________________________________

Note: Once the above information is received and reviewed, your Accessibility Advisor may complete additional funding forms based on provincial requirements. Funding forms include costs of services requested. Contact SAS at augsas@ualberta.ca or (780) 679-1649 to obtain a copy of the funding requested.

Grant funds for services and equipment must be used for the purpose outlined in your letter from Student Aid. Receipts and unused funds must be returned to the province providing the grants. Details can be found at (https://www.canada.ca/en/employment-social-development/services/student-financial-aid/student-loan/student-loans/provincial.html).