

STUDENT DATA

Surname _____ / Given Name _____ / Initial _____ / Student Number/Social Insurance No. _____

Street _____ City _____ Province _____ Postal Code _____

Telephone/Message _____ / / / Date of Birth D/M/Y _____ Gender Male Female

- First Nations
- Visible Minority
- English As A Second Language

Highest Level of Education

Grade Some Post Secondary Started Apprenticeship
 Completed Post Secondary Completed Apprenticeship

Currently Enrolled YES Part Time Student
 NO Full Time Student
 Pre-entry Other: _____

Campus KLO Vernon
 North Kelowna Salmon Arm
 Penticton

Program Enrolled In/Inquiring About (Please Specify)

Faculty/Department	Course Name and Number	Instructor
example: Adult Basic Education	Math 071	Mr. Platz

Source of Funding and Services

- Workers Compensation VRS
- ICBC Employment Insurance (formerly UIC)
- BC Benefits Level 1 Disability
- Student Loans/Grants Level 2 Disability
- Hardship Benefits Other _____

If the services are other than financial please specify: _____

What is your educational goal?

ISSUES AFFECTING EDUCATION

What is the nature of your disability ? _____

Please describe how your disability affects you and how it would affect your studies:

Please describe any current treatments or medications:

Has this disability, injury, chronic illness or learning difficulty been formerly assessed?

YES NO

Date of Assessment _____

Do you have documentation concerning your disability?
(please supply a copy)

YES NO

Have you ever received educational support or services related to your disability? (i.e., exam accommodation)
If yes, please describe.

YES NO

Would adaptive technology benefit you in your studies?
(i.e., specialized computer software)
If yes, what would be helpful?

YES NO

WHAT OTHER WAYS MAY WE HELP YOU?

Signature

Date