

Accessibility Services Office Use Only

Date Submitted: \_\_\_\_\_

Referred to: \_\_\_\_\_

Appointment Date: \_\_\_\_\_



**Accessibility Services**  
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## **Residence Accessibility Accommodation Form New Students**

*Alternate format of this form is available by contacting the Accessibility Office*

Tyndale University College & Seminary is committed to creating an environment where students with disabilities are able to participate and integrate into its strong community. The Student Accessibility Office ensures students are provided appropriate and reasonable accommodations based on the functional limitations of their disability so they can have an equal access to higher education. The Accessibility Services office in collaboration with the broader Tyndale Community provides students with disabilities academic and residential accommodations so they are equipped to succeed both inside and outside the classroom.

The goal of the Student Accessibility Office is to provide students with disabilities a safe and comfortable environment where services are offered that respect their dignity and confidentiality while offering individualized accommodations so they can fully participate in their learning. The Accessibility Services office works with the Community Life, Senior Manager to provide students with disabilities living on-campus residence accommodations.

To determine on-campus residence accommodations, students must inform the Accessibility Services office of the functional limitations related to their disability as it applies to on-campus residence. This form provides the appropriate information to best meet the students' accommodation requirements. Section 1 must be completed by the student while section 2 can only be completed by a regulated healthcare professional. **This registration form is for students requiring residence accommodations only.** Students must submit a separate completed package with appropriate assessments/documentation to access academic accommodations.

The residence life team in Student Development and Student Accessibility Office at Tyndale will do our best to accommodate students with disabilities functional limitations. We will work towards removing identified barriers so students with disabilities have the same rights as other students to fully participate in residence life with dignity and independence. However, it may not be possible for every student accommodation to be granted. Though all attempts will be made to provide appropriate and reasonable on-campus residence accommodations, but it may be impossible to control the environment to the extent required by some students. Residence life may not adequately meet all students housing needs and thus some students may want to pursue off-campus housing.

### **For Dietary Needs**

Students with dietary needs, restrictions or allergies must consult Tyndale's dining/food policies before applying. *Tyndale University College & Seminary residence is not able to guarantee an allergy-free environment*

### **For Attendant or Personal Care Services\***

Please note, Tyndale University College & Seminary currently does not provide attendant or personal care services for students with physical disabilities living on campus. Students requiring an attendant or personal care must coordinate these services with outside agencies.

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**Protection of Privacy:** In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990 ("FIPPA"), the information on this form is collected under the authority of the Tyndale University College & Seminary Privacy Policy, 2008 for the purpose of determining a need for on-campus residence accommodation. All personal information collected will be used, stored, and destroyed in accordance with Tyndale's Records Retention Policy. If you have questions about the collection, use, and disclosure of this information by Tyndale please contact the Accessibility Services Office: 416-226-6620, ext.2189 email: [accessibilityservice@tyndale.ca](mailto:accessibilityservice@tyndale.ca)  
This form adheres to the Ontario Human Rights Commission (OHRC) and Accessibility for Ontarians with Disabilities (AODA) standards and guidelines to support students with disabilities. The information is modified for Tyndale University College & Seminary from a compilation of best practices across Ontario Universities and Colleges, and recommendations from the Ministry of Advanced Education and Skills Development.

Student's Name: \_\_\_\_\_ Tyndale Student #: \_\_\_\_\_

## SECTION 1 - STUDENT TO COMPLETE:

Consistent with the Ontario Human Right's Commission (OHRC) Policy, students are not required to disclose their disability diagnosis in order to register with the Accessibility Office and access these services. However, the OHRC also recognizes that the Accessibility Offices have expertise in supporting students with disabilities and disclosing information can promote the planning and implementation of individual accommodation plans – students can choose to disclose information to the office.

Please note: A diagnosis is currently required in order to establish eligibility for certain federal and provincial bursaries and/or grants

If you wish to voluntarily disclose your diagnosis please complete the following:

- I consent to disclose the diagnosis of my disability
- OPTIONAL:** I, hereby authorize the health practitioner to provide the information contained in this form to the Centre for Academic Excellence, Accessibility Services at Tyndale University College & Seminary and, if required, to supply additional information relating to my disability related services. I also authorize the Accessibility Specialist to contact the health care practitioner to discuss the provision of academic accommodations.

**RECIPROCAL RELEASE OF INFORMATION:** While the Accessibility Office will not release specific information about a student's disability, they will need to share student's accommodation requests and functional limitations with the Community Life Senior Manager and Campus Services. By selecting this, students are consenting to the exchange of verbal and written communication (*including but not limited to assessments, records, documents, etc.*) as needed between Accessibility Services and the **Centre for Academic Excellence, Student Development, and Campus Services.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Information

1. Do you require accommodations of any kind to participate in intake interviews, consultations, etc.?  Yes  No
  - a. If yes, please indicate the type of accommodation: \_\_\_\_\_
2. What assistance are you seeking from the Accessibility Office? \_\_\_\_\_
3. Have you accessed on-campus residence accommodations before?  Yes  No
  - a. If yes, please provide information (*in your words*) about your needs: \_\_\_\_\_  
\_\_\_\_\_
4. Do you use any assistive devices or equipment?  Yes  No  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

## SECTION 2 - PRACTITIONER TO COMPLETE

**Note to registered practitioner:** Tyndale's Accessibility Services facilitates the provision of on-campus residence accommodations and supports for students with disabilities. To determine appropriate accommodations, we must confirm and learn about the individual's disability and related challenges as they apply to living on campus residence. This student is required to provide Tyndale with documentation that is:

- Based on a current, thorough and appropriate assessment;
- Provided by a registered practitioner, qualified to diagnose the condition;
- Supportive of the accommodations being considered or requested.
- Outlining the functional limitations of the disability impacting on-campus residence

Therefore, all relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, as it impacts on-campus residence. The provision of all reasonable accommodations and services is assessed based on the current impact of the disability on campus residence. Please note, a diagnosis alone does not automatically mean accommodation is required.

**The following criterion must be met for the determination of a disability:**

- **The student experiences functional limitations which impair the student's daily living.**

### Part I: Student Information

1. How long have you provided service to this student? \_\_\_\_\_
2. Last date of clinical assessment? \_\_\_\_\_
3. Will you continue to provide service(s) to the student while he/she attends Tyndale?  
 yes  no  unknown

### Part II: Confirmation of Disability

1. Please indicate the appropriate statement for this student in the current academic setting:
  - Permanent disability with on-going (chronic or episodic) symptoms—**that will significantly impact the student over the course of his/her expected life.** To designate a permanent disability, an evaluation has been conducted that involved the use of assessment tools/techniques that examined the functional impact of the disability as well as the permanence of the observed/assessed limitations.
  - Temporary disability with anticipated duration:
    - a. From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (day, month, year); or
    - b. Unknown: please indicate reasonable duration for which s/he should be accommodated and/or supported at this time (please specify number of weeks/months): \_\_\_\_\_
2. Please complete the chart below to indicate:
  - a. **Diagnosis** - Include ongoing medical, physical, and/or mental health diagnosis (name or nature of the disability, disease, or syndrome). **Mental Health Diagnosis only to be included if consent is provided**
  - b. **Prognosis** - expected duration.

| Diagnosis                                 | Prognosis                         |
|---|-----------------------------------|
| <i>Example: Major Depressive Disorder</i> | <i>Permanent – episodic</i>       |
| <i>Example: Injured back</i>              | <i>Temporary - up to 3 months</i> |
|   |                                   |
|   |                                   |

### Part III: Impact(s) on Functioning in Residence

Please specify all applicable functional limitation(s); their severity (1 having little impact—4 having a severe impact, i.e. the student cannot perform the task independently); and list the specific impact on functioning in residence.

| Functional Limitations                                     | Severity         | Impact(s) on Academic Functioning   |
|--|------------------|---|
| <i>Example: Mobility</i>                                   | 0 1 <u>2</u> 3 4 | <i>Student is unable to walk and/or climb stairs</i>  |
| <i>Example: Vision</i>                                     | 0 1 2 <u>3</u> 4 | <i>Student cannot read standard sized print, unable to recognize faces or move around easily in new locations</i> |
| <b>Cognitive</b>   |                  |   |
| Concentration  | 0 1 2 3 4        |   |
| Managing distractions                                      | 0 1 2 3 4        |   |
| Memory   | 0 1 2 3 4        |   |
| Information processing                                     | 0 1 2 3 4        |   |
| <b>Problems with</b>                                       |                  |   |
| Social interactions  | 0 1 2 3 4        |   |
| Regulating mood  | 0 1 2 3 4        |   |
| Stress management  | 0 1 2 3 4        |   |
| Fatigue  | 0 1 2 3 4        |   |
| Irritability   | 0 1 2 3 4        |   |
| Sleeping in a bunk bed                                     | 0 1 2 3 4        |   |
| Loud noises  | 0 1 2 3 4        |   |
| Phobias  | 0 1 2 3 4        |   |
| Hygiene and grooming                                       | 0 1 2 3 4        |   |
| Taking medications   | 0 1 2 3 4        |   |
| Hearing  | 0 1 2 3 4        |   |
| Vision   | 0 1 2 3 4        |   |
| <b>Physical Activity Intolerance</b>                       |                  |   |
| Sitting less than 60 minutes                               | 0 1 2 3 4        |   |
| Sitting more than 60 minutes                               | 0 1 2 3 4        |   |
| Standing more than 30 minutes                              | 0 1 2 3 4        |   |
| Lifting over 5lbs  | 0 1 2 3 4        |   |
| Reaching above shoulders                                   | 0 1 2 3 4        |   |
| Bending  | 0 1 2 3 4        |   |
| Climbing (eg: stairs)                                      | 0 1 2 3 4        |   |
| Walking  | 0 1 2 3 4        |   |
| Walking on wet surfaces (eg: showers)                      | 0 1 2 3 4        |   |
| Manual Dexterity   | 0 1 2 3 4        |   |
| Getting in and out of bed                                  | 0 1 2 3 4        |   |
| Dressing   | 0 1 2 3 4        |   |
| Turning handles  | 0 1 2 3 4        |   |
| Washroom frequency   | 0 1 2 3 4        |   |
| <b>Other Functional Limitations (please specify below)</b> |                  |   |
|  |                  |   |

**Part IV: Accommodation Recommendations**

Please indicate accommodation recommendation as it may support the student in Residence. Recommendations must include a rationale as it relates to the student’s disability and its functional limitations as outlined in Part III.

| Residence accommodation and /or equipment recommendation(s) | Rational |
|---|----------|
|   |          |

**SECTION 3: ANIMALS IN RESIDENCE**

A regulated healthcare professional is required to complete the medical portion of this section if a service dog or emotional support animal is identified as an appropriate accommodation. Documentation for a Service Dog is only required if the student’s disability and its limitations are not obviously apparent. Documentation is always required for Emotional Support Animal requests.

**STUDENTS MUST COMPLY WITH THE ANIMALS ON CAMPUS POLICY**

**Part I: Proposed Animal Information (completed by the student)**

Name: \_\_\_\_\_ Type of Animal: \_\_\_\_\_ Age: \_\_\_\_\_

**Part II: Service Animal Verification (completed by a medical practitioner only if the student’s disability and its limitations are not obviously apparent)**

1. According to your medical diagnoses, does the student require a service animal?  Yes  No

2. What is the disability related need for the service animal? (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the use of the service animal? (please check as appropriate )

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Be an emotional or physical anchor by offering a calming effect when sensory stimulus is heightened | <input type="checkbox"/> Serve as travel aid   | <input type="checkbox"/> Retrieve or activate need for medical attention |
| <input type="checkbox"/> Alert partner to possible dangers   | <input type="checkbox"/> Alert individual of specific sounds   | <input type="checkbox"/> Guide partner out of crowds                     |
|  | <input type="checkbox"/> Retrieve or prompt the person to take medication or provide aid during medical conditions | <input type="checkbox"/> Help with mobility difficulties                 |

Other: \_\_\_\_\_

**Part III: Emotional Support Animal Verification** *(completed by a medical practitioner for all emotional support animal requests)*

1. What are the symptoms of the student's disability related to the need of an emotional support animal? **Mental Health Diagnosis only to be included if consent is provided**

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2. Is this an animal that you specifically prescribed as part of treatment for the student?  Yes  No

a. If no, is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

Yes  No

3. Is there evidence that having an ESA has helped the student in the past or currently?  Yes  No

a. If not, what evidence is there to support that having an ESA will help the student? *(please specify)*

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4. How important is it for the student's well-being to have an ESA in residence? *(please circle)*

Very important

Important

Moderately Important

Slightly Important

Unimportant

a. Please specify why? \_\_\_\_\_

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5. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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**Part IV: Animal Care** *(Completed by the regulated healthcare professional)*

1. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?  Yes  No

2. Do you believe those responsibilities might exacerbate the student's symptoms in any way?  Yes  No

a. If yes, please specify: \_\_\_\_\_

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*We recognize that having an ESA in the residence hall can provide a significant benefit for someone with a significant mental health disorder. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.*



**SECTION 4: PRACTITIONER INFORMATION**

Practitioner's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ *Signature*  
*verifies that I am the treating professional and that this assessment is within my scope of practice.*

Professional Designation: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Facility Name and Address:

|  |
|--|
| Office Stamp (or business card or copy letterhead) |
|--|

*The health care provider completing this form should not be a relative of the student.*