



Nunatsiavut Government – EDUCATION DIVISION
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Disability Support Request Form

Student Name: _____	Program: _____
Student #: _____	Institution: _____
Living Arrangements (while in training): Check one box per semester:	Mailing Address (while in training): _____
<input type="checkbox"/> renting/boarded	City/Town: _____
<input type="checkbox"/> living with parents	Province: _____
<input type="checkbox"/> campus residence	Postal Code: _____
<input type="checkbox"/> own home	
Primary Email: _____	Phone #: _____

Have you contacted your Institution regarding Disability Supports? Yes No

If no, please contact them as they may be able to help you without having to avail of outside supports

Nature of disability:

- ADD/ADHD Hearing Impairment Mobility Impairment Visual Impairment
 Speech Impairment Learning Disability Prosthesis
 Other permanent disability (ex: physical injury, mental illness) Specify: _____

Support Requested:

Assessment: Complete the following if you require an assessment	
Type of Assessment: _____	Assessment Cost: _____
Assessment Provider: _____	
Location: _____	Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment:
<input type="checkbox"/> Computer <input type="checkbox"/> Computer related <input type="checkbox"/> Assistive Software <input type="checkbox"/> Technical Aids <input type="checkbox"/> Other Specify: _____

In-Person Support:
<input type="checkbox"/> Education Assistant <input type="checkbox"/> Note Taker <input type="checkbox"/> Tutor <input type="checkbox"/> Interpreter (Specify need): _____ <input type="checkbox"/> Other Types of In-Person Supports. Please Specify: _____ _____ _____

Program/Educational Supports:

Program Extension* Reduced Course Load*

*Please provide supporting documentation from your Institution that supports this request.

Other (anything that does not fall under the categories the above i.e. medical supports etc.):

Please provide supporting documentation from your health care provider

Academic/Medical Profession Contact Information:

Name: _____

Phone #: _____

Address: _____

Email Address: _____

Comments/Notes:

*Student Signature: _____

Date: _____

For Office use only:

Documents Received: Yes No

Approved: Yes No

Approved by: _____

Date: _____

Notes:

