NUNATSIAVUT
kavamanga Government

Nunatsiavut Government Education Division
P.O. Box 116 Makkovik, NL A0P 1J0 www.nunatsiavut.com
Toll-free Phone: 1-877-923-2171 Fax: 1-709-923-2347

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

Student disability support request form

Email completed form and supporting documents to: education@nunatsiavut.com Incomplete forms will not be accepted.

Student name: _____ Student #: _____

Program: _____ Institution: _____

Primary email address: _____ Primary phone number: _____

Mailing address while in training:

Street Address_____

City/Town _____

Province _____ Postal Code _____

Living arrangements during training:

☐ Renting/boarding ☐ Living with family

☐ Campus residence (Meal plan? ☐ Yes ☐ No)

☐ Own home ☐ Other: _____

Have you contacted your Institution regarding Disability Supports? ☐ Yes ☐ No

We always recommend reaching out to your Institution as they may be able to support your needs as a student.

Nature of disability:

☐ Learning Disability ☐ ADD/ADHD ☐ Visual Impairment ☐ Speech Impairment ☐ Hearing Impairment
☐ Mobility Impairment ☐ Prosthesis ☐ Other permanent disability *(please specify)*: _____

Complete section below for each type of support you are requesting:

Assessment: Type of Assessment: _____ Assessment Cost: _____
Assessment Provider: _____
Location: _____ Is travel required? ☐ Yes ☐ No

Equipment: ☐ Computer or computer related ☐ Assistive Software ☐ Technical Aids
☐ Other (specify): _____

In-Person Support: ☐ Education Assistant ☐ Note Taker ☐ Tutor ☐ Interpreter
☐ Other (please specify): _____

Program/Educational Supports: ***Please provide supporting documentation from your Institution that supports this request.***
☐ Program Extension* ☐ Reduced Course Load* ☐ Other: _____

Other (does not fall under the above categories): _____
Please provide supporting documentation from your health care provider.

Academic/Medical Profession Contact Information:
Name: _____ Address: _____
Phone #: _____ _____
Email Address: _____ _____

Reasoning for requested support(s) *(attach additional pages or information as needed):*

_____
_____
_____
_____

_____ _____
Student Signature **Date**

For Office use only: Supporting Documents Received: ☐ Yes ☐ No Approved: ☐ Yes ☐ No
Approved by: _____ Date: _____
Notes: _____
_____