NUNATSIAVUT
kavamanga Government

EDUCATION AND ECONOMIC DEVELOPMENT

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

EDUCATION DIVISION

STUDENT DISABILITY SUPPORT REQUEST FORM

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

Submit Form

Section 1: Student information

Name:	**Student Number:**	
Program:	**Institution:**	
Primary Email Address:	**Primary Phone Number:**	
Street Address:		**P.O. Box:**
City/Town:	**Province:**	**Postal Code:**

Living Arrangements: ☐ Renting/boarding ☐ Campus residence **WITHOUT** meal plan ☐ Campus residence **WITH** meal plan ☐ Living with family ☐ Own home ☐ Other:

Section 2: Disability and support needs - *Complete section(s) below for each type of support you are requesting*

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)*:

Assessment:
Type of Assessment: _____ Assessment Cost: _____
Assessment Provider: _____
Assessment Location: _____ Is Travel Required: ☐ Yes ☐ No

Equipment:
☐ Computer or computer related ☐ Assistive Software ☐ Technical Aids ☐ Other *(please 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.

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

Section 3: Academic/medical profession contact information

Name:		**Phone Number:**
Addresss:	**City/Town:**	**Province:**
Postal Code:	**Email Address:**	

For office use only:

Supporting Documents Received: ☐ Yes ☐ No	**Approved:** ☐ Yes ☐ No
Approved By:	**Date:**
Notes:	