

THE CREATE INSTITUTE: Academic Accommodations Request

First Name:

Last Name:

Pronouns (if applicable)

Student Number /or Program

What is the best way to contact you?

Email  Phone

Email Address

Phone Number

May we leave a message if we reach your voicemail?

Yes  No

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**ACCESSIBILITY SPECIFIC INFORMATION**

- Sensory (blind/low vision, Deaf, deafened, hard of hearing)
- Mental Health (anxiety, depression, etc.)
- Learning Disability (math-based, language-based, etc.)
- Physical Disability (physical health condition, concussion, etc.)
- Neurodiverse (ADHD or ASD)
- Other/Unknown

Have you used accommodations in the past?

i.e. through an IEP in high school or at another post-secondary institution?

Yes |  No |  Unsure.

Do you have documentation to support your accommodation request? (see below)

i.e. a medical report, a psycho-educational assessment, an IEP, etc.

**Note:** Diagnostic/Disability Information

You are not required to provide diagnostic information to apply for academic accommodations at CREATE.

If you choose to share diagnostic details, please know that this information is kept private and confidential within your student file.

- Yes
- No
- Choose not to disclose.

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Tell us a little bit about how your condition impacted your participation in studies so far.

What accommodations, support, or requests are you hoping to discuss or receive?

Any other comments you would like to share with the learning success team?

Email to: [director@thecreateinstitute.org](mailto:director@thecreateinstitute.org)