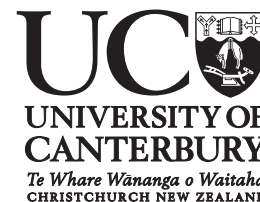


Equity & Disability Service Learning Support Questionnaire



Student to Complete

Personal Details

Full name _____

Date of birth Preferred Gender _____ Student ID

Address _____

Cell Phone _____ Telephone _____

Email _____ UC email _____

Programme of Study

Undergraduate degree (specify) _____

Postgraduate degree (specify) _____

Campus Distance

Disability

Autistic Spectrum Disorder Mobility Impairment Specific Learning Difficulty Mental Health

Vision Impairment Blind Speech Impairment Medical Condition

Hearing Impaired Deaf Temporary Impairment

Other (Specify) _____

Please give details _____

Please continue on a separate sheet of paper if necessary.

Supporting Information

In order to register you must provide a recent, relevant, comprehensive report expressing an appropriate professional's opinion of your disability/medical condition and its possible impact on your study so we can develop a support plan with you. **Only a report completed by an Educational Psychologist or Level C Assessor will be accepted as supporting documentation for a Specific Learning Difficulty.**

Attached Supporting Information is from: Medical Specialist GP Psychologist School or College

Other (Specify) _____

To help us decide what academic supports would best suit you can you please advise what impact your impairment has or may have on your study?

Can you advise what strategies (tips and tools) you currently use to manage any difficulties you may have in relation to your impairment.

What software, assistive technology or apps are you familiar with or currently using?

Is there anything else you would like us to know that can help us support you?

Please continue on a separate sheet of paper if necessary.

Please note

Some programmes of study have tests in the first few weeks of term 1. If you consider you will require accommodations for these early assessments please ensure you complete and return this form along with your supporting documentation before the end of January.

How did you find out about the Equity & Disability Service?

- Health Centre Academic Department/College Student Care Friend or class mate
 Digital screen displays Declaring you had a disability when you enrolled High school
 Other (Specify) _____

Declaration

Student name _____

Student signature _____ Date

Please return form:

Email: eds@canterbury.ac.nz

Post: Equity & Disability Service
University of Canterbury, Private Bag 4800, Christchurch 8140

Phone: +64 3 369 3334

www.canterbury.ac.nz/equity-disability