



Nunatsiavut Government – EDUCATION DIVISION

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Disability Support Request Form

Student Name: _____

Institution: _____

Program: _____

Mailing Address (while in training):

City/Town: _____

Province: _____

Postal Code: _____

Email Address: _____

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

☐ Other permanent disability (i.e. head injury, mental illness) Specify: _____

Support Requested:

Assessment: Complete the following if you require an Assessment

Type of Assessment: _____ Assessment Cost: _____

Assessment Provider: _____

Equipment:

☐ Computer ☐ Computer related ☐ Assistive Software ☐ Technical Aids

☐ Other Specify: _____

In-Person Support:

☐ Education Assistant ☐ Note Taker ☐ Tutor

☐ Interpreter (Specify need): _____

☐ 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: _____

Student Signature: _____

Date: _____

For Office use only:

Documents Received: ☐ Yes ☐ No Approved: ☐ Yes ☐ No

Approved by: _____

Date: _____

Notes:
