Nunatsiavut Government – EDUCATION DIVISION
P.O. Box 116 Makkovik, NL A0P 1J0 Telephone: (709) 923-2105
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Disability Support Request Form

Student Name: _____ Program: _____

Student #: _____ Institution: _____

Living Arrangements (while in training):
Check **one** box per semester:
□ renting/boarding
□ living with parents
□ campus residence
□ own home

Mailing Address (while in training):
_____
City/Town: _____
Province: _____
Postal Code: _____

Primary 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 □ Prosthesis
□ Other permanent disability (ex: physical injury, mental illness) Specify:_____

Support Requested:

Assessment: Complete the following if you require an assessment

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

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:_____

_____

_____

Comments/Notes:

_____

_____

_____

_____

_____

_____

_____

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_____

*Student Signature:_____ Date:_____

For Office use only:

Documents Received: □ Yes □ No Approved: □ Yes □ No

Approved by:_____ Date:_____

Notes:

_____

_____

_____