



## Secondary School to College Disability Referral Form

This form is designed to assist the Disability Services Office in providing appropriate academic accommodations for students identified as exceptional in high school and who will be attending a College of Applied Arts and Technology in Ontario. **The student's signature for consent is required on the back of this form to authorize the release of information.**

Student's Name: \_\_\_\_\_

Date of Last IPRC: \_\_\_\_\_ Exceptional Designation: \_\_\_\_\_

Psycho-educational Assessment Completed: Yes / No If yes, please specify: \_\_\_\_\_  
(please attach most recent report)

Profile of Strengths, Abilities or Talents: \_\_\_\_\_

\_\_\_\_\_

Specific Areas of Difficulty: \_\_\_\_\_

\_\_\_\_\_

Successful Teaching/Learning Strategies: \_\_\_\_\_

\_\_\_\_\_

Please indicate the specific type of assistance provided at secondary school:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> extended exam time      | <input type="checkbox"/> computer         | <input type="checkbox"/> notetaker/scribe          |
| <input type="checkbox"/> alternative test format | <input type="checkbox"/> disc             | <input type="checkbox"/> resource room support     |
| <input type="checkbox"/> tape recorder           | <input type="checkbox"/> alternative text | <input type="checkbox"/> sign-language interpreter |
| <input type="checkbox"/> assistive technology    | <input type="checkbox"/> tutoring         |  |
| <input type="checkbox"/> spellchecker            | <input type="checkbox"/> other:           |  |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Special Education Designate/Principal: \_\_\_\_\_ Signature: \_\_\_\_\_

## Consent to the Release of Information to:

**Loyalist College - Disability Services Office**

P.O. Box 4200

Belleville, Ontario K8N 5B9

Phone - (613) 969-1913 ext. 2168 Fax - (613) 969-0411

I hereby authorize the release of educational information to the above for the purpose of continuing my educational goals.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed for to the address above.