

Confidential Intake Form



-CONTACT INFORMATION-

Student ID #: 10 _____ Name: | _____ || _____ |
FIRST LAST

Female Male Another Gender Identity Date of Birth: _____
(MM/DD/YYYY)

Address: _____
(STREET NAME & NUMBER) (APT NUMBER) (CITY) (PROVINCE) (POSTAL CODE)

Phone # 1: () _____ Phone # 2: () _____

TTY: () _____ Home email address: _____
(TELECOMMUNICATIONS DEVICE FOR THE DEAF)

George Brown College email address: _____
(EMAILS WILL BE SENT TO YOUR GEORGE BROWN COLLEGE EMAIL ADDRESS AS PER COLLEGE POLICY)

Which is the best way to contact you? Phone # 1 Phone # 2 Email TTY

Emergency Contact: _____ Phone #: () _____

May we email you regarding upcoming appointments and disability related events? Yes No

-PROGRAM INFORMATION-

Applied Accepted Start Date: _____
(MM/DD/YYYY)

Program Code: _____ Program Name: _____
(EXAMPLE: H100) (EXAMPLE: CULINARY MANAGEMENT)

Full-Time Continuing Education Apprenticeship Dual Credit (High School)

Campus: _____ (CASA LOMA, RYERSON, ST. JAMES, SUNNYBROOK, WATERFRONT, YOUNG CENTRE, DISTANCE EDUCATION)

-PREVIOUS EDUCATION-

Name of High School and/or School Board: _____

Name of College/University and last year attended: _____

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PRE-ADMISSION AND PLACEMENT TESTING

Notifications for required pre-admission or placement tests may be received by mail, email or posted to your student account in STU-VIEW.

1 Do you require accommodations for a pre-admission test? Yes No n/a

- OR -

2 Do you require accommodations for a placement test? Yes No unsure n/a

- OR -

3 Has the Early Childhood Dept. invited you to a mandatory information session? Yes No

If you check "Yes" to **1** or **2** an accommodation profile will be emailed to you and also sent to the Assessment Centre. After receiving your accommodations, you can book your test by calling the Assessment Center Test Accommodation Hotline at 416-415-5000 extension 2624 or email booktest@georgebrown.ca. If you check "Yes" to **3** Accessible Learning will email the contact information for your accessibility consultant plus instructions for the arrangement of information session accommodations. Please allow **ten** business days to arrange accommodations.

-DISABILITY INFORMATION-

To register you must submit a signed Intake Form. Where available, attach supporting documentation from a doctor, psychologist or other registered healthcare professional. The documentation should indicate the type of disability (it is not necessary to include a DSM diagnosis), the expected permanence of your disability as well as the physical, cognitive and behavioral impacts on your daily functioning. For more information on supporting documentation, please see our webpage at [Link to Accessible Learning Services webpage for supporting documents required](#)

I currently have proof of disability Yes No

I suspect I have, or I am in the process of being assessed for a disability Yes No

I do not have a disability but I do require emotional/academic support Yes No

Please check your disability type(s). You may check more than one.

- Acquired Brain Injury ADHD Blind/Low Vision Deaf/Hard of Hearing Other/Unsure
 Learning Disability Medical Mental Health Mobility

-FINANCIAL INFORMATION-

Please check which of the following services you are accessing or applying to:

- OSAP (Ontario Student Assistance Program) WSIB (Workplace Safety Insurance Board)
 ODSP (Ontario Disability Support Program) George Brown College Health Benefits Plan
 SCSF (Second Career Strategy Funding) Other _____