



April 1, 2010

Dear Student,

Project ADVANCE is a **6-week** summer institute which prepares students with specific learning disabilities for success in their university studies. This initiative is offered through the Learning Disabilities Program at York University and is funded by the *Ministry of Training, Colleges & Universities, Government of Ontario*. At Project ADVANCE, students with learning disabilities learn about academic strategies, study and life skills, assistive technologies, and the availability of campus support. In addition, students have the opportunity to examine their individual areas of academic strength and weakness as they relate to the challenges of university studies.

**Project ADVANCE**

**Counselling &  
Disability Services**

York University  
4700 Keele St.  
Toronto ON  
Canada M3J 1P3

This summer, Project ADVANCE is scheduled from **Monday, July 5 to Thursday, August 12, 2010**. The program will operate from 9am to 4pm, **Monday to Thursday** at the Keele Campus of York University, Toronto, Ontario. Project ADVANCE offers an integrated curriculum designed to increase competence and self-efficacy for students with learning disabilities. The curriculum includes: self-advocacy training; reading and writing strategies for university level materials; computer skills (including exposure to online learning environments) adaptive technologies; study and note-taking skills; test-taking and memory strategies; as well as time and stress management.

If you are interested in attending Project ADVANCE, please complete the enclosed application package. A \$200 refundable registration fee is required. This fee will be returned to you pending an 80% attendance record. Please send your completed application package to:

Maureen Haig, BEd, MA  
Manager, Learning Disability Services  
W128 Bennett Centre for Student Services  
York University, 4700 Keele Street  
Toronto, Ontario, M3J 1P3  
Telephone: 416-736-2100 (extension 66011)  
FAX: 416-736-5565  
E-mail: maureen@yorku.ca

Applications should arrive in their entirety prior to June **11, 2010**. Acceptance letters will be mailed on a continuous basis after this date. Should you have any questions concerning your application, please contact me. I look forward to hearing from you.

Sincerely,

Maureen Haig, BEd, MA  
Coordinator, Project ADVANCE  
Manager, Learning Disability Services

\* We anticipate that Project ADVANCE will be offered as planned for the summer of 2010. However, at the time of printing, funding has not been confirmed by the Ontario Ministry of Training, Colleges and Universities.



**York University - Project ADVANCE**  
**Learning Disability Services**

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**APPLICATION FACE SHEET**

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

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

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Telephone (daytime): \_\_\_\_\_

Telephone (evenings): \_\_\_\_\_

I am a resident of Ontario:       Yes       No

I require residence accommodations:       Yes       No

In September 2010,  
I plan to attend: \_\_\_\_\_  
(Name of university/college)

At university/college,  
I plan to major in: \_\_\_\_\_  
(State area(s) of study)

**York University - Project ADVANCE**  
**Learning Disability Services**

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**APPLICATION CHECKLIST**

Your Application **MUST** Contain:

ITEM	ENCLOSED
A copy of the psycho-educational report which documents your diagnosed learning disability	
A signed Informed Consent Form available below	
A copy of your high school transcripts which documents your grade average of 65% or higher	
A letter of recommendation from an educator at your high school	
A personal statement of 250 to 500 words indicating why you want to attend ADVANCE and what goals you hope to accomplish	
A signed consent form indicating that you wish to participate in Project ADVANCE	
A signed Informed Consent Form from your parent(s) or legal guardian supporting your participation in Project ADVANCE (for students under 18 years of age). Form available below	
Documentation that you have had a physical examination within the past six months, indicating any special medical conditions and/or allergies (this report must be signed by your physician)	
A \$200 cheque or money order payable to Project ADVANCE, York University (refundable pending an 80% attendance record)	

# York University - Project ADVANCE

## Learning Disability Services

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### STUDENT INFORMED CONSENT FORM

#### Policy Statement

Project ADVANCE is a 6-week summer institute which prepares students with specific learning disabilities for the transition from high school to university studies. This initiative is offered through Learning Disability Services at York University and is funded by the *Learning Opportunities Task Force, Ministry of Training, Colleges and Universities, Government of Ontario*. As such, Project ADVANCE follows the policies and procedures of the Learning Disability Services (LDS), a unit within the Counselling and Disability Services (CDS) at York University. As a student associated with the Learning Disability Services, your participation in Project ADVANCE is purely on a voluntary basis and students are free to discontinue their involvement with the Program at any time. The information provided below provides details regarding policies and procedures of the Learning Disability Services. Please read it carefully and sign it as an acknowledgement that you have done so. If you have any questions or concerns after reading this document, please discuss them with the co-ordinator of Project ADVANCE.

#### Service Mandate

Project ADVANCE provides intensive preparation to support students with learning disabilities in their transition from high school to university studies. LDS recognizes the diversity of the university community as a source of excellence, enrichment, and strength. LDS affirms its commitment to human rights, and in particular to the principle that every member of the York community has a right to equitable treatment without harassment or discrimination on the grounds prohibited by the *Ontario Human Rights Code*, including *race, ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, marital status, or disability*.

#### Privacy of Information

All aspects of your involvement in LDS are held in confidence. Personally identifiable information regarding individuals using our services is not released without the prior written permission of the student. As an exception to this, staff members are legally and ethically required to take responsible action (including the possible disclosure of confidential information) in four kinds of circumstances:

1. If students indicate that they or another person may be a danger to themselves or others
2. In cases of apparent, suspected or potential child abuse
3. If students report sexual abuse on the part of a health care professional
4. When the court issues a subpoena for records or testimony

At the request of students and with their informed signed consent, we will send a report to or speak with designated individuals.

#### Flow of Information

Student records are maintained in locked file cabinets in the LDS offices. The teaching staff of Project ADVANCE will have access to relevant educational information contained in the files to assist in lesson-planning. Occasionally, consultation between Project ADVANCE staff and LDS consultants may be necessary and relevant information may be shared. All staff members with access to student files are required to maintain strict levels of confidentiality as outlined in the previous section and to refer only to information relevant to the services they are providing.

## Program Evaluation

The primary goal of Project ADVANCE is to improve the "academic preparedness" of students with learning disabilities, thereby increasing the probability of academic success of students who choose to attend university. Research and program evaluation are important aspects of Project ADVANCE, ensuring high standards of program effectiveness and ongoing program development. Students who participate in Project ADVANCE will provide invaluable information regarding the efficacy of the program as well as directions for future intervention. The information you provide will be summarized and will be made available to the *Ministry of Training, Colleges and Universities, Government of Ontario*. As a research participant, your identity will be kept confidential and will not be associated with any data you provide. **Your signature on this form indicates that you agree to participate in the research components of Project ADVANCE.**

Please sign below to affirm that you have read this policy statement. Any questions or concerns should be addressed to the Co-ordinator of Project ADVANCE.

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

# York University - Project ADVANCE

## Learning Disability Services

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### PARENT INFORMED CONSENT FORM

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Please sign below to affirm that you have read this policy statement. Any questions or concerns should be addressed to the co-ordinator of Project ADVANCE.

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