



Disability Services Registration Information for Students

**Counselling and
Disability Services**

4700 KEELE ST
TORONTO ON
CANADA M3J 1P3
T 416 736 5140
F 416 650 8068
www.yorku.ca/cds

Dear Student,

Physical, Sensory and Medical Disability Services (PSMDS) is one of the disability services within Counselling & Disability Services (CDS), located at Ross N108. We are an educational service offering academic supports to York University students with a variety of documented physical, sensory and medical disabilities. Please note we do not provide medical treatment or personal counselling.

If you wish to register with PSMDS, the following is required:

1. Have your primary medical health care provider complete the enclosed medical documentation form. This request is in accordance with York University's Senate Policy.
2. Complete the enclosed student intake questionnaire.

Once we receive this information, you will be contacted to schedule an initial meeting with a disability counsellor. Please set aside approximately one and a half hours so that you are not rushed between classes and arrive 15 minutes in advance to begin the intake process.

For more information please visit our web site at www.yorku.ca/cds/psmds. If you have any urgent questions that are not answered on our web site, please do not hesitate to contact our receptionist (416-736-5140), who will direct you to the appropriate person.

Please note: Students enrolled at **Glendon College** should contact the **Counselling & Disability Services, Glendon site** at 416-487-6709 for disability-related educational support.

Karen Swartz, MSW
Director, Physical, Sensory & Medical Disability Services
Counselling & Disability Services
N108 Ross



**Counselling and Disability Services
Medical Documentation**

NOTE: This form must be signed and stamped by a medical practitioner.

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Date Completed (mm/dd/yyyy): ____/____/____

Please Print.

To be completed by student:

Student's Last Name: _____
Student's First Name: _____
Student Number: _____

Address: _____
City: _____
Postal Code: _____

Date of Birth (mm/dd/yyyy): ____/____/____
Phone (Home/Cell): _____
Email Address: _____

To be completed by medical practitioner:

Name/Address/Phone Number →

Please use office stamp as well as signature

How long have you known this student? _____

Nature of Primary Disability: _____

Date of onset: _____

Summary of symptoms. Please be specific.

Primary Disability is:

permanent

- a functional limitation that will significantly impact student over course of their academic career

temporary

- need of academic accommodations while receiving treatment (approx. 1-3 terms)

Please list any additional disabilities:

Duration and Frequency of Treatment (if applicable): _____

Possible side effects of medication(s) on student's academic performance:

Student's strengths and challenges:

Please indicate the potential academic impact of this student's disability(ies) on:

	Little effect		Moderate effect		Severe effect
Concentration	1	2	3	4	5
Processing information	1	2	3	4	5
Retaining information	1	2	3	4	5
Meeting deadlines	1	2	3	4	5
Group participation	1	2	3	4	5
Exam situations	1	2	3	4	5

If any of the above effects are severe, please elaborate:

Based on your knowledge of this student and his/her disability, please list **specific disability related educational needs** that you would recommend to assist the student (e.g., completing assignments, writing tests/exams). Please provide rationale for these academic accommodations:

I give consent for Disability Services within Counselling and Disability Services to contact my medical practitioner, if necessary, regarding the information provided in this document:

Student's Signature: _____

Practitioner's Name (please print): _____

Practitioner's Signature: _____

Medical Practitioner's License Number: _____

****Please ensure that this form is completed in full. Incomplete forms will not be accepted.**

**Please return completed form to student or fax this form to: Karen Swartz, Director, Physical, Sensory & Medical Disability Services, Counselling & Disability Services, York University, 416-650-8068 (Fax Number).

****Note to student:** If you have other relevant documentation, you may include copies of them with this registration package. These additional documents are not intended to replace the PSMDS registration package. Please note - additional documentation may be requested.

**COUNSELLING & DISABILITY SERVICES
YORK UNIVERSITY**

Physical, Sensory & Medical Disability Student Questionnaire

Please print neatly.

Date (dd/mm/yyyy): _____

Student Name: _____

Student Number: _____

Student Email Address: _____

Student Telephone Number (home/cell): _____

Program of Study: Undergraduate Masters Ph.D. Certificate

How did you hear about us? _____

Did you complete high school? What year? How did you do academically?

What session (fall/winter/summer) and year did you first enroll at York University?

Did you come straight from high school to York University? Yes No

If not, how many years have lapsed since you were in high school? What did you do during those years?

Have you been to any other post secondary schools? If yes, please name them, indicate the year(s) you were there and courses, diplomas or degrees completed at these schools. How did you do academically?

Are you currently or have you ever been on academic warning at York University? If yes, when?

What do you see as your academic strengths and challenges? What strategies do you use to assist you in coping with these challenges?

How many courses are you currently enrolled in?

How is your education being funded (e.g. OSAP, scholarship)?

Have you used any computer technology or disability assistive software to support you with your studies?
If yes, list what technologies you have used

What are your educational goals?

How do you think your disability has affected your academic performance and educational goals?

Do you have a good relationship with a health professional? If yes, what makes the relationship a good one?

Do you have any other social support systems in place?

Since we provide educational support, not long-term counselling or crisis work, what are your expectations of our program?

Are you interested in a referral to other services through CDS:

Personal Counselling

Learning Skills

Is there anything else we need to know about you that would help us support you in your studies?
