

## Self-questionnaire Admission to the Student Access Centre

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To help you prepare for your needs assessment meeting with the person in charge of the Student Access Centre on your campus, we invite you to complete this questionnaire. The information contained in this questionnaire will enable the person in charge to better target your needs and personalise the meeting with you.

Thank you very much for your cooperation!

| Student's identification                       |  |       |               |  |  |
|--|--|-------|---------------|--|--|
| First name and name                            |  |       |               |  |  |
| What pronoun do you use?                       | <input type="checkbox"/> He<br><input type="checkbox"/> She<br><input type="checkbox"/> They   |       |               |  |  |
| Phone number                                   |  |       |               |  |  |
| E-mail address                                 |  |       |               |  |  |
| Person to contact in the event of an emergency | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Phone number:</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>  | Name: | Phone number: |  |  |
| Name:  | Phone number:  |       |               |  |  |
|  |  |       |               |  |  |
| Student housing address (while at College)     |  |       |               |  |  |
| Who do you live with?                          | <input type="checkbox"/> Alone<br><input type="checkbox"/> With my parents, family<br><input type="checkbox"/> With friends in an apartment<br><input type="checkbox"/> With my partner in an apartment<br><input type="checkbox"/> With roommates at the College student housing<br><input type="checkbox"/> Other: |       |               |  |  |
| Do you need housing-related accommodations ?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know.  |       |               |  |  |

|   |   |  |
|---|---|--|
| Study program   |   |  |
| Home campus   |   |  |
| Is your study program a final decision (an informed program selection)?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know.   |  |
| Are you required to do one or more work placements as part of your study program?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |
| Does your study program include any out-of-class educational activities (e.g., field trips, cultural or business visits, outdoor classes, etc.)?                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know.   |  |
| Do you plan to take part in any extracurricular activities with the College (e.g., sports activities, international cooperation project, research-study, etc.)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know.   |  |
| Are you:  | <input type="checkbox"/> A parent<br><input type="checkbox"/> An Aboriginal<br><input type="checkbox"/> An Allophone<br><input type="checkbox"/> An athlete<br><input type="checkbox"/> A foreign student |  |
| While at College do you plan to hold a paid job?  | <input type="checkbox"/> Yes.<br>How many hours?<br><br><input type="checkbox"/> No   |  |
| Do you plan to receive student financial aid (loans and bursaries)?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> I don't know.   |  |

|  |                                      |   |
|--|--------------------------------------|---|
| What is your diagnosis or disability?  |                                      |   |
| How old were you when you were diagnosed?  |                                      |   |
| What is the profession (or title) of the person who issued and signed the diagnosis? | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Speech therapist |

|  |  |  |
|--|--|--|
|  | <input type="checkbox"/> Doctor<br><input type="checkbox"/> Psychologist<br><input type="checkbox"/> Neuropsychologist   | <input type="checkbox"/> I don't know.<br><input type="checkbox"/> Other:                              |
| <b>Do you meet regularly with a health professional (doctor, psychologist, speech therapist, psychosocial worker, etc.)?</b> | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No  |  |
| <b>Did you have an intervention plan at another school?</b>  | <input type="checkbox"/> At elementary school<br><input type="checkbox"/> At secondary school<br><input type="checkbox"/> At college   | <input type="checkbox"/> At university<br><input type="checkbox"/> I didn't have an intervention plan. |
| <b>Tick the accommodations or tools you used during your elementary, secondary and college education, if applicable.</b>     | <input type="checkbox"/> Physical accompaniment in the classroom, laboratory, etc.<br><input type="checkbox"/> Adaptation of documents in an alternative format (electronic, audio, Braille, enlarged, etc.)<br><input type="checkbox"/> Electronic tablet<br><input type="checkbox"/> Talking calculator<br><input type="checkbox"/> Adapted keyboard, adapted screen<br><input type="checkbox"/> Noise-cancelling ear protectors<br><input type="checkbox"/> Recording pencil or digitiser (e.g., Smartpen)<br><input type="checkbox"/> Electronic dictionary<br><input type="checkbox"/> Audio book<br><input type="checkbox"/> Adapted furniture<br><input type="checkbox"/> Braille touch screen<br><input type="checkbox"/> FM system<br><input type="checkbox"/> Computer for word processing<br><input type="checkbox"/> Use of a memory aid<br><input type="checkbox"/> Adapted locker<br><input type="checkbox"/> Adapted physical education<br><input type="checkbox"/> Adapted or reduced timetable<br><input type="checkbox"/> Oral or sign language interpretation<br><input type="checkbox"/> Explanatory letter sent to teachers (needs, accommodations) |  |

|  |  |  |   |
|--|--|--|---|
|  | <input type="checkbox"/> Exams taken in a room other than the classroom<br><input type="checkbox"/> Frequent breaks during exams and classes<br><input type="checkbox"/> Note taking<br><input type="checkbox"/> Receiving class notes in advance<br><input type="checkbox"/> Extra time for exams<br><input type="checkbox"/> Adapted tutoring or peer tutoring<br><input type="checkbox"/> Service dog or emotional support animal<br><input type="checkbox"/> None of these<br><input type="checkbox"/> Other:  |  |   |
| <p><b>Tick the software you have already used during your primary, secondary and college education, if any.</b></p>  | <table border="1"> <tr> <td data-bbox="716 747 1086 1052"> <input type="checkbox"/> Antidote<br/> <input type="checkbox"/> Lexibar<br/> <input type="checkbox"/> Médialexie/<br/>speech-to-text<br/>software<br/> <input type="checkbox"/> Word Q </td> <td data-bbox="1086 747 1479 1052"> <input type="checkbox"/> None of these<br/> <input type="checkbox"/> Other: </td> </tr> </table>   | <input type="checkbox"/> Antidote<br><input type="checkbox"/> Lexibar<br><input type="checkbox"/> Médialexie/<br>speech-to-text<br>software<br><input type="checkbox"/> Word Q | <input type="checkbox"/> None of these<br><input type="checkbox"/> Other: |
| <input type="checkbox"/> Antidote<br><input type="checkbox"/> Lexibar<br><input type="checkbox"/> Médialexie/<br>speech-to-text<br>software<br><input type="checkbox"/> Word Q | <input type="checkbox"/> None of these<br><input type="checkbox"/> Other:  |  |   |
| <p><b>Which practitioners have you already met in connection with your disability (at school or outside school) at primary, secondary and college level, if any?</b></p>       | <input type="checkbox"/> Personal academic counsellor<br><input type="checkbox"/> Guidance counsellor<br><input type="checkbox"/> Occupational therapist<br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Educational therapist<br><input type="checkbox"/> Speech therapist<br><input type="checkbox"/> Psychoeducator<br><input type="checkbox"/> Psychologist<br><input type="checkbox"/> Special education technician<br><input type="checkbox"/> Social worker<br><input type="checkbox"/> Academic tutor<br><input type="checkbox"/> I've never met with a practitioner during my time at school.<br><input type="checkbox"/> Other: |  |   |
| <p><b>Were you referred to the Student Access Centre by someone at the College (psychologist, teacher, etc.)?</b></p>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  |   |

|  |  |
|--|--|
| <b>For what reason(s) would you like to receive support services provided by the Student Access Centre while at College?</b> |  |
|--|--|

**For each of the following statements, tick the answer that best describes your situation.**

|  | Easy for me              | Might be a challenge for me | I don't know.            |
|--|--------------------------|-----------------------------|--------------------------|
| Take an evening course   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Follow a full-time timetable (5 hours of classes or more per day)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Complete my exams within the allotted time (with no extra time added)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Do my exams in the classroom   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Answer long essay exam questions (without software or technological aids)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Answer multiple-choice exam questions  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Give oral presentations  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Work as part of a team   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Write legibly by hand  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Write a text using correct spelling, grammar, sentence syntax and punctuation (without software or technological aids) | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Correct my own texts (without software or technological aids)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Read and understand what I read (texts, novels, instructions, etc., without software or technological aids)            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Locate important information in texts (without software or technological aids)   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Read print (without adapting documents, software or technological aids)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Articulate and pronounce words and sentences correctly   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Understand or follow verbal instructions (with hearing aids, if necessary)   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hear the voice of someone speaking in class (with hearing aids, if necessary)  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Take my own notes during a lesson                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicate my needs to teachers                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Remain attentive and concentrated in class                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan and organise my life   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use technology with ease  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understand and solve mathematical problems                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memorise several concepts studied or seen in class                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage the pain caused by my disability                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage the fatigue caused by my disability                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage my personal hygiene on a daily basis                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have self-confidence  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage my emotions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage my anxiety or stress   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solve my personal problems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relate to other people  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| React calmly to negative comments                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be punctual in my daily life  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Keep my motivation level high                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tolerate noise  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tolerate change   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat the right quantity and quality of food                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get enough sleep and maintain good energy levels throughout the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow myself time to relax and enjoy leisure activities             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**For each of the following statements, tick the answer that best describes your situation.**

|   | I have this strength.    | I have to build this strength. | I don't know.            |
|---|--------------------------|--------------------------------|--------------------------|
| <b>Personal strengths</b>   |                          |                                |                          |
| I have a good command of the skills acquired in secondary school.                         | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I'm resourceful.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good self-esteem.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I'm sociable.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have a healthy lifestyle.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I'm good at managing stress and anxiety.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I'm able to get help when I need it.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| <b>Student-related strengths</b>  |                          |                                |                          |
| I know how to use lesson plans well.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I use the planner well.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I plan and organise easily.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good teamwork strategies.  | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good oral presentation strategies.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I can take good notes in class.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good strategies for preparing for exams.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good exam-taking strategies and know how to manage my stress during an evaluation. | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good reading strategies (pre-reading, reading and post-reading).                   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good writing strategies.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I have good self-correction strategies.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |
| I am rigorous in my learning.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |

**Do you have any concerns about your college career that you would like to discuss with the person in charge of the Student Access Centre on your campus at the next meeting?**