

This form is intended to be filled out by the student in order to apply for accommodation using a service dog or an emotional support animal. It is therefore important to complete it in full so that the staff at the Student Access Centre can properly analyse the request for accommodation, and to submit the required supporting documents.

IDENTITY OF THE STUDENT	
Last name and first name:	
Student number:	
Permanent code:	
Telephone number:	
Main address:	
Do you live in a student residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL INFORMATION																
What is your disability situation and what is the diagnosis?																
Identify how your disability impacts on the performance of your activities in your daily life.																
Are you taking any medication that has an impact on how you conduct daily life?	<p>Yes <input type="checkbox"/> Which one(s)? No <input type="checkbox"/></p> <p>Side effects:</p> <table border="0"> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Fatigability</td> <td><input type="checkbox"/> Slowness in processing information</td> </tr> <tr> <td><input type="checkbox"/> Stress/anxiety</td> <td><input type="checkbox"/> Sleep disorder</td> <td><input type="checkbox"/> Vomiting/Nausea</td> </tr> <tr> <td><input type="checkbox"/> Apathy</td> <td><input type="checkbox"/> Memory disorder</td> <td><input type="checkbox"/> Loss of/Increase in appetite</td> </tr> <tr> <td><input type="checkbox"/> Tremors</td> <td><input type="checkbox"/> Heart palpitations</td> <td><input type="checkbox"/> Irritability/Mood swings and changes</td> </tr> <tr> <td><input type="checkbox"/> Sadness / Depression</td> <td><input type="checkbox"/> Fears</td> <td><input type="checkbox"/> Aggressiveness</td> </tr> </table> <p><input type="checkbox"/> Other:</p>	<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigability	<input type="checkbox"/> Slowness in processing information	<input type="checkbox"/> Stress/anxiety	<input type="checkbox"/> Sleep disorder	<input type="checkbox"/> Vomiting/Nausea	<input type="checkbox"/> Apathy	<input type="checkbox"/> Memory disorder	<input type="checkbox"/> Loss of/Increase in appetite	<input type="checkbox"/> Tremors	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Irritability/Mood swings and changes	<input type="checkbox"/> Sadness / Depression	<input type="checkbox"/> Fears	<input type="checkbox"/> Aggressiveness
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Other relevant information (e.g., physical condition or illness under investigation, sleep, diet, substance use, anxiety, etc.):																
In order to ensure your health and safety, do we need to put in place:	<input type="checkbox"/> An emergency evacuation protocol? <input type="checkbox"/> A crisis intervention protocol?															
Name and contact details of the person to be contacted in the event of an emergency:																

## NATURE OF YOUR DIFFICULTIES

Taking into account the disability situation, please tick which of the following difficulties you currently experience in your daily life.:

**Seeing problems :**

- Telling apart shapes
- Estimating distances
- Finding your way around
- Telling apart colours

Epilepsy

**Hearing problems:**

- Loss of hearing
- Sound distortion
- Other:

Diabetes

**Fatigability:**

- Hypersomnia
- Cataplexy
- Other:

**Self-control:**

- Managing stress or anxiety** (e.g., physical symptoms, emotional symptoms)
- Managing emotions** (e.g., knee jerk reactions to frustrating situations, emotionality)

**Contextual crises:**

**Explain:**

**Self-development and self-care:**

- Carrying out a daily routine in relation to personal hygiene, eating, etc.
- Finding strategies to cope with unexpected events
- Other:

**Interpersonal relationships and communication:**

- Relating to other people
- Maintaining appropriate relationships with other people.
- Expressing needs, intentions, emotions, thoughts, etc.
- Other:

**Motor skills** (Organisation and control of body movements):

- Fine (e.g., handling small objects)
- Global (e.g., making arm, leg or body movements)
- Coordination (e.g., making a precise and intentional gesture)
- Balance (e.g., maintaining the body in a stable position)

**Sensory sensitivity** (Amplified perception of environmental stimuli)

- Auditory stimuli
- Visual stimuli
- Tactile stimuli
- Olfactory stimuli
- Taste stimuli

**Other:**

## EDUCATIONAL PATHWAY

**Program of studies:**

**Academic status:**

- Full time
- Part time

**Do you need any study-related support (e.g., extra time for exams, note taker, computer, adapted schedule, etc.?)**

- Yes
- No

**PRESENCE OF THE ANIMAL**

<b>My request concerns:</b>	<input type="checkbox"/> A service dog. <input type="checkbox"/> An emotional support animal.
<b>Have you ever received an animal-related accommodation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, in what context (e.g., place of residence, school, internship/workplace, etc.)?
<b>Does the animal have a certificate from a recognised organisation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, what type of training has it received?
<b>Does the animal have a visible identifier (harness, jacket, scarf, etc.)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HOW DOES THE ANIMAL HELP YOU WITH YOUR DISABILITY?**


**PLACES FREQUENTED BY THE ANIMAL**

**Private areas (school residences)**

- Bedroom
- Living room
- Kitchen
- Bathroom
- Other:

Hallways

Outside grounds

Laundry room

Staff offices

**Public areas (places on campus)**

- Classrooms
- Gym
- Swimming pool
- Student café
- Lab
- Outdoor areas
- Other:

Staff offices

Library, study room

Co-op

Cafeteria

Computer labs

Simulation room

**Public areas (places off campus):**

- Internship settings
- Outings planned with my program of study
- College centre for technology transfer
- Other:

**Where do you plan to go with your animal?**

**SUPPORTING DOCUMENTS ATTACHED TO THIS APPLICATION**

- Diagnostic report or assessment
- Letter of recommendation from a health professional (accommodation request form)
- Animal health certificate (including vaccination record)
- Behavioural assessment of the animal (performed by a veterinarian or animal educator)
- Certificate of competence of the animal from a recognised organisation (if applicable)
- Proof of liability insurance
- Other:

**STUDENT'S SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date