



COLLEGE
ACCESSIBILITY SERVICES

PAST LEARNING EXPERIENCES

Check the boxes and/or describe where you have experienced challenges, used strategies, and/or accommodations in your past learning.

<input type="checkbox"/> Attendance Example: I miss classes for medical appointments.	<input type="checkbox"/> Lectures Example: My notes are often missing important points.
<input type="checkbox"/> Group Work Example: Sometimes I miss class when there is group work.	<input type="checkbox"/> Tests Example: In High School, I had extra time to write tests.
<input type="checkbox"/> Assignments Example: I have difficulty putting ideas into writing.	<input type="checkbox"/> Studying Example: I will need text in a large font.
<input type="checkbox"/> _____	<input type="checkbox"/> _____

SUPPORTING INFORMATION

What information do you have to help plan Accommodation and Supports? Check all that apply and bring them to your First Meeting.

- | | |
|---|--|
| <input type="checkbox"/> IEP/Adaptations from High School | <input type="checkbox"/> Reports from your doctor or specialist |
| <input type="checkbox"/> StudentAid BC Appendix 8 | <input type="checkbox"/> Accommodations Letter from another college/university |
| <input type="checkbox"/> Psych-Ed Assessment | <input type="checkbox"/> Teacher/Instructor observations and/or reports |
| <input type="checkbox"/> Anything else you think may be helpful | |