



**DALHOUSIE  
UNIVERSITY**

FACULTY OF HEALTH  
School of Social Work

Suite 3201, 1459 LeMarchant St.  
PO Box 15000, Halifax, Nova Scotia  
Canada B3H 4R2  
Phone (902) 494-3760  
Fax (902) 494-6709  
[www.dal.ca/socialwork](http://www.dal.ca/socialwork)

## **STUDENT ACCOMMODATION FORM**

### **CONTACT AND RESOURCE INFORMATION**

**Accommodation Officer (AO):** Marion Brown, PhD

Rm # 3214

phone: (902) 494-1192, email: [marion.brown@dal.ca](mailto:marion.brown@dal.ca)

**Student Services Coordinator:** Linda Smith

Rm # 3224

phone: (902) 494-1343, email: [linda.smith@dal.ca](mailto:linda.smith@dal.ca)

**Manager, e-Learning:** Wendy Terris Klaus, MEd

phone: (902) 494-1354, email: [wendy.terrisklaus@dal.ca](mailto:wendy.terrisklaus@dal.ca)

**Field Education Coordinator:** Cyndi Hall, MSW

Rm # 3215

phone: (902) 494-6354, email: [Cyndi.hall@dal.ca](mailto:Cyndi.hall@dal.ca)

**Field Education Coordinator:** Rose Scott-Lincourt, MSW

Rm # 3205

phone: (902) 494-4310, email: [rose.scott-lincourt@dal.ca](mailto:rose.scott-lincourt@dal.ca)

**Dalhousie Student Accessibility Centre:** [https://www.dal.ca/campus\\_life/academic-support/accessibility.html](https://www.dal.ca/campus_life/academic-support/accessibility.html)

**Dalhousie Student Accommodation Policy:**

[https://www.dal.ca/dept/university\\_secretariat/policies/human-rights---equity.html](https://www.dal.ca/dept/university_secretariat/policies/human-rights---equity.html)

**Information on financial support for students with (dis)Abilities:**

<http://www.disabilityawards.ca/gov.php?lang=EN&ID=NS>

[www.studentloans.ednet.ns.ca](http://www.studentloans.ednet.ns.ca)

*This form contains confidential information that will be protected and stored in a locked facility within the School of Social Work. By completing this form, you consent for the sharing of this information with directly connected School of Social Work staff and faculty who support or teach you in your program. You may withdraw your consent by speaking with the Accommodation Officer, who will then destroy the form on your behalf.*

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**STUDENT ACCOMMODATION FORM**

**Student Information (To Be Filled Out by Student)**

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

Dalhousie Identification number: B00 \_\_\_\_\_

Contact Information (include email and phone):

\_\_\_\_\_  
\_\_\_\_\_

Program of Study:  BSW  MSW

What year are you in:  1<sup>st</sup>  2<sup>nd</sup> or  Part-time

What program delivery mode are you in?  Campus  Distance

Are you registered with the Student Accessibility Centre:  Yes  No

If Yes, what services are you currently receiving:

Classroom and Exam Accommodations

Note-Taking Support

Technology Support

E-Texts

Extended Submission

Other: \_\_\_\_\_

Is your (dis)Ability temporary:  Yes  No

If Yes, how long to you anticipate needing accommodations: \_\_\_\_\_

Is accommodation being sought for Field Placement at this time:  Yes  No

If yes, please specify: \_\_\_\_\_

Course or courses requiring accommodation:

\_\_\_\_\_  
\_\_\_\_\_

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**STUDENT ACCOMMODATION FORM**

Please identify your accommodation need (note you will have an opportunity to discuss this with the Accommodation Officer). If you are uncertain of your specific need, please explain the difficulties you are having within your course(s):

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**Approved Accommodations (To Be Filled Out by Accommodation Officer):**

<b>Course Number</b>	<b>Course Name</b>	<b>Accommodation</b>

Approval Signature:

Date:

\_\_\_\_\_  
Accommodation Officer

**Note:** Form will be kept in student's file within the office of the Student Service Coordinator; the AO will discuss accommodation design with course instructor before signing off on the accommodations.