



**DALHOUSIE
UNIVERSITY**

FACULTY OF HEALTH
School of Social Work

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STUDENT ACCOMMODATION FORM

CONTACT AND RESOURCE INFORMATION

Accommodation Officer (AO): Eli Manning, PhD
Rm # 3239
phone: 902-494-391, email: eli.manning@dal.ca

Student Services Coordinator: Linda Smith
Rm # 3224
phone: (902) 494-1343, email: linda.smith@dal.ca

Manager, e-Learning: Wendy Terris Klaus, MEd
phone: (902) 494-1354, email: wendy.terrisklaus@dal.ca

Field Education Coordinator: Cyndi Hall, MSW
Rm # 3215
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Field Education Coordinator: Rose Scott-Lincourt, MSW
Rm # 3205
phone: (902) 494-4310, email: rose.scott-lincourt@dal.ca

Field Education Coordinator: jodi butler (she/they), MSW, RSW
phone: (902) 880-6246, email: jbutler@dal.ca

Dalhousie Student Accessibility Centre: 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

Information on financial support for students with (dis)Abilities:
<http://www.disabilityawards.ca/gov.php?lang=EN&ID=NS>
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 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: 1st 2nd 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:

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):

Course Number	Course Name	Accommodation

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.