



Pre-Entry Interview Form

NAME	STUDENT NUMBER
DATE OF BIRTH	ADDRESS
PROGRAM OF STUDY	TELEPHONE
EMAIL	DATE
DISABILITY	

1. Did you avail of any supports in high school?	3. Notes
2. How are you paying for your education?	

The following information has been explained to me, and I understand:

- The need to submit appropriate documentation to avail of Accessibility services, if not already done
- Possible funding opportunities
- Any concerns regarding suitability of the program
- Accommodations or supports that will NOT be provided
- The need to follow up with Accessibility Services at the start of each semester of my program
- Accommodations, services or equipment that are my personal responsibility:
- 2.0 GPA requirement and 70% pass mark in Trades programs
- Scheduling of extra time on tests/exams: may require writing outside regular class hours
- Rewrite policy

Other:

- Accommodations list completed and signed by student and Coordinator (optional at this time)
- Consent form signed (required)
- Assessment /documentation submitted (required)

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to complete an accommodation needs assessment in order to determine eligibility for services. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Applicant/Student Signature: _____

Date: _____

Accessibility Services Coordinator: _____

Date: _____