



University  
of Windsor

## Assessing Needs in Residence

At the University of Windsor we make every effort to accommodate your needs and we take into account the information provided when assigning students but cannot guarantee specific room types or locations.

Students must be self-sufficient which includes handling and managing their own needs and/or mobility concerns while in residence. We are unable to provide additional staff or resident support for personal care assistance.

To best determine your accommodation needs while living in residence, we ask that you complete the following self-report. Feel free to leave any questions blank that you may not feel comfortable answering. The information is kept confidential.

To determine the appropriate accommodation, you will be required to complete the Medical Certificate available on our website at [www.uwindsor.ca/residence/special](http://www.uwindsor.ca/residence/special) consideration-requests.

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### STUDENT INFORMATION:

**Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**I identify my gender as:** \_\_\_\_\_

### PERMANENT ADDRESS:

**Street address / Apartment #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Email Address** (preferable UWindsor): \_\_\_\_\_

**Alternate Telephone:** \_\_\_\_\_ (Cell, work)

**Language:** ☐ English ☐ French ☐ Sign Language (ASL LSQ) ☐ Other: \_\_\_\_\_

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## **NATURE OF DISABILITY RESTRICTIONS:**

(check all that apply that you feel comfortable disclosing)

- |   |   |
|---|---|
| <input type="checkbox"/> Acquired Brain Injury          | <input type="checkbox"/> Attention deficit/hyperactivity disorder |
| <input type="checkbox"/> Chronic Medical                | <input type="checkbox"/> Deaf, Deafened, hard-of-hearing          |
| <input type="checkbox"/> Learning Disability            | <input type="checkbox"/> Low Vision, Blind                        |
| <input type="checkbox"/> Mobility/Functional/Impairment | <input type="checkbox"/> Psychiatric                              |
| <input type="checkbox"/> Other: _____                   |   |

Please provide details of your disability restrictions:

Are these restrictions permanent or temporary? If temporary, for how long? \_\_\_\_\_

## **GENERAL INFORMATION:**

### **Mobility**

- |   |     |    |
|---|-----|----|
| 1. Can you use stairs?  | Yes | No |
| 2. Do you require an automatic door opener?   | Yes | No |
| 3. If you use mobility aids, please indicate your reach range:<br>Forward Reach: _____ Side Reach: _____                            |     |    |
| 4. Do you have any height specifications:<br>If yes, please explain: _____<br>Sink: ____ Stove: ____ Countertops: ____ Other: _____ | Yes | No |
| 5. Do you require electrical outlets at the front of the counter?   | Yes | No |

### **Washroom**

- |   |     |    |
|---|-----|----|
| 1. Do you need a bedroom close to the washroom?   | Yes | No |
| 2. Do you require a fully accessible washroom?<br>(minimum turning radius, level access, roll-in-shower stall,<br>grab bars, hand-held shower head, lever handles, etc) | Yes | No |
| 3. If you do not need a fully accessible washroom, what are your needs in terms of<br>washroom access? _____  |     |    |

### **Bedroom**

- |  |     |    |
|--|-----|----|
| 1. Do you require a protective mattress cover?   | Yes | No |
| If yes, does the cover need to be waterproof?  | Yes | No |
| 2. Do you require furniture to be at a specific heights:<br>Indicate height of bed from floor: _____<br>Indicate height of study table: _____<br>Indicate width of opening at study table: _____ | Yes | No |

### **Attendant Services**

- |   |     |    |
|---|-----|----|
| 1. Do you require Attendant Services for Personal Care?   | Yes | No |
| 2. Have you made arrangements for care?                   | Yes | No |
| 3. Do you require nursing or other professional services? | Yes | No |
| Please specify: _____                                     |     |    |
| 4. Will the services require parking?                     | Yes | No |

### **Communication**

- |  |     |    |
|--|-----|----|
| 1. Can you communicate verbally?                           | Yes | No |
| 2. Do you use assistive devices to communicate (e.g.: TTY) | Yes | No |
| 3. Do you need assistance with other communication aids?   | Yes | No |
| If so, please specify: _____                               |     |    |

### **Visual / Lighting**

- |                                  |     |    |
|----------------------------------|-----|----|
| 1. Do you use Braille?           | Yes | No |
| 2. Do you have a service animal? | Yes | No |
- If yes, please describe the requirements for accommodating the needs of the animal:
- \_\_\_\_\_
- \_\_\_\_\_

(you will be required to submit your "animal care plan" for review by Residence Services.)

An animal is a service animal for a person with a disability:

- a) If it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- b) If the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

### **Other**

- |  |     |    |
|--|-----|----|
| 1. Do you require a portable visual doorbell?            | Yes | No |
| 2. Do you require a portable fire alarm device?          | Yes | No |
| 3. Do you have any other disability accommodation needs? | Yes | No |
- If yes, please specify:
- \_\_\_\_\_
- \_\_\_\_\_

### **SPACE REQUIREMENTS:**

The following sections allow you to tell us what devices, technology and aids you will bring with you to residence. This will help us to better understand the space requirements you will need. Please check all that apply:

**ASSISTANCE DEVICES THAT YOU WILL BRING:**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Walking Aids | <input type="checkbox"/> Electronic Wheelchair | <input type="checkbox"/> Manual Wheelchair             |
| <input type="checkbox"/> Walker       | <input type="checkbox"/> Electric Scooter      | <input type="checkbox"/> Ventilator – Breathing Assist |
| <input type="checkbox"/> Other: _____ |  |  |

**ASSISTIVE TECHNOLOGY THAT YOU WILL BRING:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computer            | <input type="checkbox"/> Large screen monitor | <input type="checkbox"/> Voice recognition software |
| <input type="checkbox"/> 4-track tape player | <input type="checkbox"/> Adjustable Chair     | <input type="checkbox"/> TTY                        |
| <input type="checkbox"/> Screen Reader       | <input type="checkbox"/> Scanner              | <input type="checkbox"/> Footrest                   |
| <input type="checkbox"/> CCTV (for vision)   |   |   |
| <input type="checkbox"/> Other: _____        |   |   |

**REQUIRED AIDS THAT YOU WILL BRING:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Commode      | <input type="checkbox"/> Roll-in-shower stall |
| <input type="checkbox"/> Other: _____ |   |

**DIETARY RESTRICTIONS:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

All of our residences can accommodate the needs of students with common food allergies, or students who have dietary requirements associated with medical conditions or religious observances. For serious dietary issues (e.g. peanut/nut allergies) we try our best to accommodate them through your room assignment. Dietary concerns such as gluten-free, lactose-free or diabetic diets can be met through specialized menu planning with Food Services. Food Services information can be found at [www.uwindsor.ca/food](http://www.uwindsor.ca/food); contact Jane Meunier email: [jmeunier@uwindsor.ca](mailto:jmeunier@uwindsor.ca) with dietary restrictions.

**HEIGHT REQUIREMENTS:**

Are you taller than 6'4" / 193 cm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Our residence beds can accommodate students up to, and including, 6'4" or 193 cm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date