



University
of Windsor

Assessing Needs in Residence

At the University of Windsor, Residence Services 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, Residence 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

<https://www.uwindsor.ca/residence/629/special-consideration-requests>

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:

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:
Forward Reach: _____ Side Reach: _____ | | |
| 4. Do you have any height specifications:
If yes, please explain: _____
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?
(minimum turning radius, level access, roll-in-shower stall,
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
washroom access? _____ | | |

Bedroom

- | | | |
|--|-----|----|
| 1. Do you require furniture to be at a specific heights:
Indicate height of bed from floor: _____
Indicate height of study table: _____
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?
Please specify: _____ | Yes | No |
| 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:

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:

- Large screen monitor
- Adjustable Chair
- TTY
- CCTV (for vision)
- Other: _____

REQUIRED AIDS THAT YOU WILL BRING:

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

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. Please visit www.uwindsor.ca/food; or contact Jane Meunier email: 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.

SERVICE ANIMAL:

Students are required to register service animals with Student Accessibility Services (S.A.S.), who will require medical verification as necessary. Documentation to support the student accompanied by a service animal should establish how the animal will help the student address the learning environment related functional limitation(s) arising from their disability. S.A.S. will provide the student with documentation to support the accommodations needs which the student will share the University services on campus, as needed. Questions regarding accommodating a student with a service animal should be directed to S.A.S. or to OHREA as appropriate.

Signature

Date