<u>Protégé School – General Accommodation Request Form</u>

In accordance with the Accessibility for Ontarians with Disabilities Act (AODA)

Section 1: Applicant Information							
Full Name:							
Role (check one): □ Student □ Employee □ Contractor □ Visitor	□ Other:						
Phone Number:							
Email Address:							
Today's Date:							
Section 2: Nature of Request							
This section helps us understand the nature of your request and an experiencing.	y barriers you are						
 Please select the type of accommodation you are requested. Physical disability Sensory disability (vision, hearing, etc.) Mental health or cognitive condition Medical condition or injury Pregnancy-related accommodation Communication or alternate format Other (please specify): 							
2. Briefly describe the barrier or situation requiring accomn	nodation:						
3. Describe the specific accommodation or support you are	requesting (if known):						

Section 3: Supporting Documentation

	• •		ote or form from ecommended ac	n a licensed medi ecommodation.	cal or health ca	re practitioner		
•	□ Docume	entation attac	hed					
•	□ Will provide later							
•	□ Not appl	licable						
Section	on 4: Prefer	red Commur	nication and Tin	neline				
4.	Preferred	method of co	ommunication	for follow-up (ch	neck one):			
	☐ Phone	□ Email	☐ In person	□ Other:				
5.	-	ary (from		a temporary or c				
Section	on 5: Conse	ent and Signa	ture					
for the	e purpose of and the On	evaluating a	nd arranging rea Rights Code. I gi	this form will be k sonable accomn ive permission to	nodation in com	pliance with		
•	Signature	!			_			
•	Date:				_			
Subm	it this form	to:						

Program Director / Accessibility Coordinator

Email: accessibility@protegeschool.com

Email: angela@protegeschool.com (Applied Arts Program Director) Email: Jason.d@protegeschool.com (Massage Therapy Program Director) In Person:

Main Office – 3390 Midland Avenue, **Unit 10**, Toronto, ON M1V 5K3

Phone: (416) 754-9866