

Confidential when completed

Student Information

Last Name	First Name
Program	

Academic Staff Information

Last Name	First Name
Title / Department	

Accommodations

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	Next plan review Date (yyyy/mm/dd)	Or	Frequency

Limitations

List any functional limitations that the student experiences, how it affects different aspects of his/her learner experiences.

1. Limitation

Tasks / activities affected

Essential requirement?

Yes No

Accommodations

Using the list of tasks from the limitations section above, identify what types of accommodation or support would help the student accomplish the task. List a strategy or tool that will provide that accommodation.

Task

What must the accommodation achieve?

Accommodation strategy

Implementation

List the actions required to achieve the accommodation(s) identified in the prior section.

Action

Assigned to

Due Date (yyyy/mm/dd)	Date Completed (yyyy/mm/dd)
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Information sources

Identify and include the contact information for any experts consulted when building the plan (e.g., family doctor, specialists)

Last Name	First Name
Title/Role	
Email Address	Telephone Number ext.

Related documents

Attach any additional documents required to support the student.

- Student emergency plan (if applicable)
- Accessible format of the individual accommodation plan (if needed)
- What type(s) of accessible formats and/or communications support the student needs (if requested)
- Resume study plan (if applicable)
- Other (specify): ▼

Comments / Notes

Use this section for any additional information

Signature

Student's Signature	Date (yyyy/mm/dd)
Hanson Staff Signature	Date (yyyy/mm/dd)