

Information and Instructions - Continued

What documents do I need to include?

You must include:

- An Application for Financial Assistance available at studentaid.alberta.ca
- A Schedule 4 (submit if this is your first application or if you are requesting services and equipment)
- Proof of your permanent disability – Medical documents identifying your permanent disability and describing how it restricts your ability to participate in post-secondary studies must be submitted with your first application as a student with a permanent disability. The documents may include:
 - Copies of a medical letter,
 - A learning disability assessment, or
 - A document proving you are in receipt of federal and/or provincial disability assistance such as AISH.

- An estimate of equipment costs – If you request funding for equipment, you must provide an estimate of your equipment costs. New estimates will be required each additional time you request funding for equipment.
- Assessment fee – If an assessment confirms you have a learning disability, you may be reimbursed up to 75% of the cost of this service (up to a maximum of \$1,200 per loan year). The date of the assessment must be no earlier than six months before you start your studies. You must supply a receipt showing that you paid for this service.

TIP: Check with the Disability Advisor/Reviewer at your school first. They can provide information about assistive services and equipment.

Summary of Disability Documentation Required

Type of Disability	Documentation Required
Deaf, Hearing Impaired	<ul style="list-style-type: none"> • Audiologist report, or • Letter from a physician with an explanation of the degree of hearing loss
Blind, Visually Impaired	<ul style="list-style-type: none"> • Specialist report, or • Letter from a physician with a description of the functional limitations
Learning Disability	<ul style="list-style-type: none"> • Psycho-educational report from a Psychologist, or • Neuro-psychological report
Speech	<ul style="list-style-type: none"> • Speech language pathologist report
Mobility/Agility Impairment	<ul style="list-style-type: none"> • Specialist report, or • Letter from a physician with an explanation of the nature of the mobility/agility impairment (functional limitation)
ADD / ADHD	<ul style="list-style-type: none"> • Psychologist report, or • Neuro-psychological report, or • Letter from a psychiatrist, or • Letter from a physician with details about the diagnosis
Psychiatric or Psychological	<ul style="list-style-type: none"> • Psychologist report with a DSM diagnosis, or • Letter from a psychiatrist with a DSM diagnosis, or • Letter from a physician with details about the diagnosis including the DSM
Autism, Asperger, Rett	<ul style="list-style-type: none"> • Psychologist report, or • Letter from a physician with details about the diagnosis
Brain Injury/Cognitive Impairment	<ul style="list-style-type: none"> • Neuro-Psychological report, or • Brain injury/cognitive impairment report/assessment
Other Permanent Disability such as:	<ul style="list-style-type: none"> • Chronic Fatigue: a detailed letter from physician • Irlen Syndrome: assessment report from a certified Irlen Screener

Schedule 4

17/18 S4

Advanced Education is collecting this personal information under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) to determine and verify the Applicant's eligibility for financial assistance, to administer (including research, statistical analysis and evaluations) and to enforce student financial assistance programs in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The use and disclosure of your personal information is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection, use or disclosure of this information, call the Alberta Student Aid Service Centre toll free at 1-855-606-2096 from anywhere in North America. You can also mail your questions to Alberta Student Aid, Privacy Officer, PO Box 28000 Stn Main, Edmonton AB T5J 4R4.

To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.

Applicant's Last Name Applicant's First Name Initials

This schedule is complete only if all required documentation is submitted. Before you start, read the information on the Information and Instructions pages.

Social Insurance Number

You must submit a Schedule 4 if (check all that apply):

- This is the first time you are applying as a student with a documented permanent disability, and/or
- You are requesting assistive services and equipment (complete Sections 1, 2), and/or
- You are enrolling in a reduced course load (your school must complete Section 3)

Enter your current study period start and end dates for the 2017/2018 school year.

Start			End		
Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Learning Assessment Fee (enter 75% of the cost up to a maximum of \$1,200) \$ (You must attach your receipt.)

1. Assistive Services

(Enter TOTAL amount for the current study period)

<input type="checkbox"/> Note Taker	\$ <input type="text"/>	<input type="checkbox"/> Educational Attendant Care (while in school)	\$ <input type="text"/>
<input type="checkbox"/> Tutor (with specific course knowledge)	\$ <input type="text"/>	<input type="checkbox"/> Specialized Transportation (to and from school only)	\$ <input type="text"/>
<input type="checkbox"/> Academic Strategist	\$ <input type="text"/>	<input type="checkbox"/> Other Services	<input type="text"/>
<input type="checkbox"/> Interpreter (Oral, Sign, CART)	\$ <input type="text"/>		<input type="text"/>
			<input type="text"/>
			<input type="text"/>

2. Equipment/Assistive Technology

- Check appropriate box(es) and provide one estimate
- Enter the description and amount for the current study period

<input type="checkbox"/> Electronic Reading/Writing Software	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Assistive Devices for Hearing	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Assistive Software	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Alternate Formats	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Digital Recorder	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Other Equipment	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Assistive Devices for the Visually Impaired	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	\$ <input type="text"/>
				<input type="text"/>	\$ <input type="text"/>
				<input type="text"/>	\$ <input type="text"/>

For Educational Institution Use ONLY - Do Not Write in this Area

3. Reduced Course Load (to be completed by the Disability Advisor/Reviewer or Financial Aid Officer or Registrar ONLY if you are enrolling in between 40% to 59% of a full course load and want to be considered for full-time student aid)

What is the student's percentage of a full course load? %

Signature of School Official

Printed Name of School Official

X SIGN HERE

Today's Date

Telephone Number (format: 999-999-9999)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For Use by Disability Advisor/Reviewer ONLY - Do Not Write in this Area

4. Nature of Permanent Disability (Documentation regarding the nature of permanent disability must be attached if not previously provided.) Please check appropriate box(es):

- | | |
|---|--|
| <input type="checkbox"/> Deaf, Hearing Impaired | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Blind, Visually Impaired | <input type="checkbox"/> Psychiatric or Psychological |
| <input type="checkbox"/> Learning Disability (list below) | <input type="checkbox"/> Autism, Asperger, Rett |
| • _____ | <input type="checkbox"/> Brain Injury/Cognitive Impairment |
| • _____ | <input type="checkbox"/> Other Permanent Disability (<i>see Information and Instructions for definition of permanent disability</i>) |
| • _____ | |
| <input type="checkbox"/> Speech | <input type="text"/> |
| <input type="checkbox"/> Mobility/Agility Impairment | |

TOTAL recommended services/equipment \$

Attach documentation itemizing the assistive services and/or equipment that covers the above.

Comments

Email Address of Disability Advisor/Reviewer

Signature of Disability Advisor/Reviewer

Name (*please print*)

X SIGN HERE

Today's Date

Direct Telephone Number (format: 999-999-9999)

Extension

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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