

Integrated Accessibility Fund for Students with Disabilities (AFSD) – University 2015-2016

AFSD Client Data

Table I - Total Number of Students with Disabilities Identified By Principal Disability Confirmed to the Satisfaction of the Institution

AESD Disability Code

| 01 Physical Disability | # of Students |
|---|---------------|
| 1.1 Physical disability, <u>diagnosis not disclosed</u> by the student | 0 |
| 1.2 Acquired Brain Injury | 4 |
| 1.3 Chronic Illness/Systemic/Medical | 8 |
| 1.4 Deaf, Deafened, Hard of Hearing | 2 |
| 1.5 Low Vision, Blind | 1 |
| 1.6 Mobility | 4 |
| 1.7 Other (diagnosis disclosed) | |
| Total number of students identified by physical disability related accommodations | 19 |
| 02 Non physical disability | # of Students |
| 2.1 Non-physical disability, <u>diagnosis not disclosed</u> by the student | 0 |
| 2.2 Mental Health related disability | 54 |
| 2.3 Autism Spectrum Disorder | 3 |
| 2.4 Attention-deficit/hyperactivity disorder | 3 |
| 2.5 Learning disability or a dysfunction in one or more of the processes involved in understanding or sign symbols or spoken language | 25 |
| 2.6 Addiction | 0 |
| 2.7 Other (diagnosis disclosed) | 0 |
| Total number of students identified by non-physical disability related accommodations | 85 |
| 03 Either Physical or Nonphysical disability and diagnosis not disclosed by the student | # of Students |
| 03 Either Physical or Nonphysical disability and diagnosis not disclosed by the student | |
| TOTAL NUMBER OF STUDENTS REPORTED IN CATEGORY 01, 02 AND 03 | 104 |

Table II - Number of Students Identified by Program Eligibility

| A. Eligible Programs | # of International Students | # of Domestic Students |
|---|-----------------------------|------------------------|
| Programs Eligible for Ministry Funding | 4 | 100 |
| B. Ineligible Programs | # of International Students | # of Domestic Students |
| English Preparatory and Academic Upgrading Programs | | |
| Continuing Education Programs | | |
| Contract Training Programs | | |
| Transition and Bridging Programs not Eligible for Operating Grant Funding | | |
| Full-Cost Recovery Programs | | |
| Local Board Certificates | | |
| Other Programs not Eligible for Ministry Funding | | |
| C. Program eligibility unknown | # of International Students | # of Domestic Students |
| Unknown | | |
| TOTAL NUMBER OF STUDENTS REPORTED IN TABLE II | 4 | 100 |

Table III - Client Profile Data

| A. Gender | # of Students |
|-----------------------|---------------|
| Male | 38 |
| Female | 65 |
| Other Gender Identity | 1 |
| Undisclosed | |
| Total | 104 |
| B. Age | # of Students |
| Less than 20 | |
| 21-30 | |
| 31-40 | |
| 41-50 | |
| 51-60 | |
| 61 and above | |
| Undisclosed | 104 |
| Total | 104 |
| C. Credential Type | # of Students |
| Bachelor Degrees | 104 |
| Masters Degrees | |
| Ph.D and Doctorate | |
| Diploma/Certificate | |
| Other Credential Type | |
| Unknown | |
| Total | 104 |

Table IV - Enhanced Services for Students with Specific Learning Disabilities

| A. Students | # of LD | # of Other Students |
|--|---------------------------------|---------------------------------|
| i. Number of students receiving support from a Learning Strategist (LS) | <input type="text"/> | <input type="text"/> |
| ii. Number of students receiving support from an Assistive Technologist (AT) | <input type="text"/> | <input type="text"/> |
| iii. Number of students receiving support from an LS/AT (combined position) | <input type="text" value="35"/> | <input type="text" value="57"/> |

| B. Number of Psycho-educational Assessments Completed | # of Assessments |
|--|--------------------------------|
| i. Number of assessments covered by the Accessibility Fund for Students with Disabilities (AFSD) | <input type="text" value="2"/> |
| ii. Number of assessments covered by the OSAP Bursary for Students with a Disability (BSWD) | <input type="text" value="4"/> |
| iii. Number of assessments covered by health insurance | <input type="text" value="1"/> |
| iv. Number of assessments covered by a Regional Assessment and Resource Centre (RARC or NOARC) | <input type="text" value="0"/> |
| v. Number of assessments covered by other external funding | <input type="text" value="1"/> |
| vi. Number of assessments not covered under i-vi but covered by the institution | <input type="text" value="1"/> |
| Total | <input type="text" value="9"/> |

| Description of New Initiatives/Activities: | Comment: |
|---|---|
| <p>Please provide a brief summary of the initiatives/activities undertaken by the Office for Disabilities at your institution. These may include but are not limited to:</p> <ul style="list-style-type: none"> - positions; - workshops for students or staff; and/or - Extended service hours; | <p>Member of the new Diversity & Equity Committee</p> <p>Health Centre built on campus - reduced barriers for Students with Disability</p> <p>Students can now access our new Online Support Service for those students requiring assistance.</p> |
| <p>Please describe any changes made to the services and activities provided by your office, when they were introduced as well as their intended outcomes.</p> | <p>Worked with Financial Aid to improve the process for students with disabilities applying for osap and the BSWD</p> |

INTEGRATED ACCESSIBILITY FUND FOR STUDENTS WITH DISABILITIES (AFSD) - SUMMER TRANSITIONS ACTIVITY REPORT AND CHECKLIST OF ACTIVITIES

| Summer Transitions Activity Report | Total |
|--|-------|
| Number of participants in Summer Transitions Program | 8 |
| Program length of each component (in days) | 3 |
| Number of individual psychoeducational assessments completed | 0 |

Summer Transitions Checklist of Activities

| A. Orientation to the postsecondary environment/campus | Included? |
|---|-------------------------------------|
| Classroom | <input checked="" type="checkbox"/> |
| Residence | <input checked="" type="checkbox"/> |
| Support and accommodation services | <input checked="" type="checkbox"/> |
| Other student services and resources | <input checked="" type="checkbox"/> |
| Other (please specify) | |
| Financial Aid, AUSU , Residence | <input checked="" type="checkbox"/> |
| B. Seminars in specific topics | Included? |
| Campus life skills | <input checked="" type="checkbox"/> |
| Self-advocacy | <input checked="" type="checkbox"/> |
| Postsecondary study skills | <input checked="" type="checkbox"/> |
| Advice for note-taking and examinations | <input checked="" type="checkbox"/> |
| Effective learning strategies | <input checked="" type="checkbox"/> |
| Other (please specify) | |
| Mental Health Presentations | <input checked="" type="checkbox"/> |
| C. Counselling/Training | Included? |
| Introduction to and instruction in adaptive technologies available to students with learning disabilities | <input checked="" type="checkbox"/> |
| Review of previous psychoeducational assessments | <input checked="" type="checkbox"/> |
| Individual counselling | <input checked="" type="checkbox"/> |
| Other Activities (please specify) | |
| | <input type="checkbox"/> |

INTEGRATED ACCESSIBILITY FUND FOR STUDENTS WITH DISABILITIES (AFSD) - AFSD/SUMMER TRANSITIONS PROGRAM FINANCIAL STATEMENT

| Revenue | Amount |
|--|-----------|
| Integrated Accessibility Fund for Students with Disabilities | 148413.00 |
| Expenditures | |
| A. Office for Students with Disabilities | Amount |
| Salaries and benefits of staff working in the OSD | 74167.88 |
| Salaries and benefits of Learning Strategist(s) and Assistive Technologist(s) | 55233.97 |
| Expenses related to the administration of OSD (e.g. office supplies, photocopying, telephone and printing) | 1221.58 |
| Subtotal A: | 130623.43 |
| B. Equipment and Technology | Amount |
| Equipment/Computers | 3128.67 |
| Computer Software/Assistive Technology and Aids | 0.00 |
| Special Operations/Maintenance (e.g. specialized transit, etc.) | 0.00 |
| Subtotal B: | 3128.67 |
| C. Support and Contract Services | Amount |
| Assessment Services | 3600.00 |
| Tutoring Services | 0.00 |
| Note Taking Services (not covered by AESD Interpreter Fund) | 0.00 |
| Interpreter Services (not covered by AESD Interpreter Fund) | 0.00 |
| Real Time Captioning and Computerized Notetaking (not covered by AESD Interpreter Fund) | 0.00 |
| Attendant Care | 0.00 |
| Exams/Tests - specialized supports | 13846.76 |
| Information/Resource Materials | |
| Subtotal C: | 17446.76 |

| D. Professional Development | Amount |
|--|-----------|
| Meetings/Conferences (include travel expenses) | 1118.62 |
| Awareness/Outreach activities | |
| Staff Training/Development | |
| Professional Memberships/Publications | 1940.69 |
| Subtotal D: | 3059.31 |
| E. Summer Transitions Program | Amount |
| Marketing | 965.61 |
| Salaries and benefits of staff | 2851.00 |
| Psycho-educational Assessments | |
| Materials/Supplies (excluding hardware i.e. laptops and PDA devices) | 715.94 |
| Residence accommodations | 1320.00 |
| Food/meals provided | 982.63 |
| Other (please list type of item) | |
| Evening Social Events & 50% travel re-imbursement | 1480.66 |
| Subtotal E: | 8315.84 |
| Totals | Amount |
| Total Expenditures (A+B+C+D+E) | 162574.01 |

INTEGRATED ACCESSIBILITY FUND FOR STUDENTS WITH DISABILITIES (AFSD) - ATTESTATION

| By submitting this report to the Ministry, I confirm: | Checkbox |
|---|-------------------------------------|
| That I have read this report in its entirety. | <input checked="" type="checkbox"/> |
| That Ministry funds have been allocated according to the transfer payment agreement/program guidelines. | <input checked="" type="checkbox"/> |
| That financial documentation supporting all eligible expenditures will be kept on file at this institution for seven (7) years and may be subject to financial audit. | <input checked="" type="checkbox"/> |
| That a detailed financial report, including financial statements, will be provided to the Ministry upon request (within the seven-year timeframe). | <input checked="" type="checkbox"/> |
| That the information contained in this report fairly presents the allocation and usage of Ministry funds. | <input checked="" type="checkbox"/> |
| That to my knowledge, the report does not contain any untrue information of material fact or omit to state material information necessary in order to make the information not misleading. | <input checked="" type="checkbox"/> |
| I confirm that I have the authority to submit this report on behalf of the individual identified below, the designate for the institution, and that all information submitted to the Ministry in this report is accurate. | <input checked="" type="checkbox"/> |

| Designate | Name | Title |
|-----------------------------------|------------|------------------|
| The designate for the institution | Sean Dwyer | VP Finance and A |

Upload Supporting Document(s) as required # 1

Final Report:

First Name:

Barbara

Last Name:

Muio

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Required Signature

First Name:

Sean

Last Name:

Dwyer

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Optional Additional Signature

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Sean

Last Name:

Key

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