

# GRAD GRADUATION READY WITH ASSISTIVE DEVICES

## APPLICATION FORM

### CONTACT INFORMATION

Applicant Name	
Mailing Address	
City/Town	
Postal Code	
Home Phone	
Mobile Phone	
Email Address	
Parent/Guardian Name	
Parent/Guardian Phone	
Parent/Guardian Email	

### APPLICANT EDUCATIONAL INFORMATION

School Attended	
Grade (2022-23 school year)	

### EDUCATIONAL BARRIERS

Diagnosis or disability	
Description of the primary need or goal to be addressed with the use of the equipment	



## EQUIPMENT RECOMMENDED

Detailed list of equipment recommended,  
**OR**

We require assistance in determining the appropriate solutions and equipment recommendations.

## INSTALLATION OR SET UP REQUIREMENTS

**If approved, the equipment will have basic set-up completed by SaskAbilities prior to delivery.**

We can complete the final set-up and installation on our own. **OR**

We will need additional set-up and/or training on the equipment provided.

## EQUIPMENT ASSESSMENT OF NEEDS COMPLETED BY

Name	
Designation	
Phone	
Email Address	
<input type="checkbox"/> I agree that the recommended equipment list provided with this application will meet the needs of this applicant and support them in their educational journey.	
Signature	
Date	

## DOCUMENTS SUBMITTED (REQUIRED)

- Letter from the applicant and/or applicant’s family** describing the educational barrier or need for the equipment, how the equipment will assist the student in achieving their educational goals and briefly explain why the equipment hasn’t been already secured (i.e., funding challenges, lack of opportunities for personal assessment of needs, etc.)
  
- Letter of support from health care professional or support worker** confirming the need and that requested equipment will meet those needs, outlining any potential challenges.
  
- Confirmation from school representative** (principal, guidance counsellor, school division therapist) permitting the use of desired technology at school.

## MENTORSHIP PROGRAM

- Please have a Scotiabank mentor volunteer contact me. I consent to SaskAbilities releasing my contact information to Scotiabank volunteers for this purpose.
  
- OR**
- I do not wish to be contacted by a Scotiabank mentor, but I would like for SaskAbilities to provide me with contact information of the volunteer so that I may connect with them at my convenience.

## APPLICANT DECLARATION

- The applicant agrees that the equipment requested would meet my needs as assist in my educational goals and without this opportunity I would not have access to such equipment. **AND**
  
- The applicant agrees to answer a brief survey regarding the impact of this program on my educational goals. **AND**
  
- The applicant agrees to provide SaskAbilities with a brief testimonial about the program along with a photo of me utilizing the equipment provided.

## SIGNATURES

Applicant	Date
Parent/Guardian	Date

For assistance with this application, for more information, or to submit documents, contact:

**SaskAbilities – Adaptive Technology Services**  
 WEBSITE & FORM SUBMISSION: [saskabilities.ca](http://saskabilities.ca)  
 PHONE: **306.374.4448**  
 EMAIL: [adaptivetechnology@saskabilities.ca](mailto:adaptivetechnology@saskabilities.ca)

