

Please complete the below form and submit with information on Service being requested.

Date: _____

Name: _____

Nature of Disability: _____

Do you use an assistive device to assist you to hear, see or communicate? Yes No

If answered, yes please add comments: _____

Are there methods of communication that may be used by yourself or that may facilitate communication with you, such as an augmentative or alternative communication system, sign language or clear, concise and plain language. Yes No

If answered, yes please add comments: _____

Booking Information:

Contact Phone Number: _____

Contact Email: _____

Date of Required Assistance: _____

Time of Required Assistance: _____

Type of Assistance Requested: _____

Will you need a Wheelchair? Yes No

Preferred Method of Communication: _____

Once complete, please email this form to accessibility@yxt.ca