



Arts Umbrella accessibility and additional learning needs form

We want to create a more welcoming, safe and accessible environment for students at Arts Umbrella. Fill in the parts of this form that are relevant to your student's needs. You do not need to have a formal diagnosis or doctor's note. Please contact us with any questions or suggestions. We have a list of common access or learning supports that we currently offer, so if you are unsure, please take a look.

We will use the details in your completed form as a guide to share information and strategies with our instructors, assistants and any essential staff to better support your student in class and during the time at Arts Umbrella. Please note that instructional staff are not trained to support specific access needs.

Send completed forms to Rae Finlay at rfinlay@artsumbrella.com or to info@artsumbrella.com

Guide to complete this form

- Check all conditions, disabilities or accessibility needs that apply to your student.
- Answer the general questions section and any sections related to your student's access needs.
- If none apply, please check 'other medical, learning or accessibility needs', use the space right below to briefly describe their experience and complete the full section further down the form.

Student name: _____

Please select **all** learning or accessibility needs that best fit your student:

Tick	Condition, disability or accessibility need	Examples
<input type="checkbox"/>	Allergies, chemical sensitivities	Peanut allergy, latex sensitivity
<input type="checkbox"/>	Autism, ADHD, or other spectrum conditions	Autism (ASD), ADHD, Down syndrome
<input type="checkbox"/>	Blind, low vision, visual impairment	Albinism, glaucoma, sensitive to glare
<input type="checkbox"/>	Chronic illness, long-term health condition	Asthma, Crohn's disease, diabetes, EDS
<input type="checkbox"/>	Communication or processing difficulties, learning disabilities	Dyslexia, auditory processing disorder, non-verbal communication
<input type="checkbox"/>	Deaf/deaf, hard of hearing, DeafBlind	Usher syndrome, tinnitus
<input type="checkbox"/>	Mobility or dexterity disability or condition	Cerebral palsy, spinal cord injury, amputee
<input type="checkbox"/>	Mental illness	Anxiety, PTSD, eating disorders, phobias
<input type="checkbox"/>	Neurological conditions	Migraines, epilepsy, concussion
<input type="checkbox"/>	Other medical, learning or accessibility needs	Substance use disorder, Long Covid

Other medical, learning or accessibility needs – please briefly describe them here

Questions? Feedback on this process?

Email Rae Finlay, Student Services Assistant at rfinlay@artsumbrella.com or call 604 681 5268



General questions

Please tell us about any medications, tools or assistive devices that your student will regularly bring to or use during class. E.g. inhaler, communication board, hearing aids, EpiPen, prescription glasses, gum.

Will there be a support person accompanying your student to class and/or does your student have a service animal? E.g. support worker, personal aide, parent, guide dog, PADS dog.

In a crisis or flare-up, is there anything important you would like us to know? For example, a student that needs a dark room at the beginning of a migraine; antihistamine medication after exposure to shellfish; a break if they become overstimulated.

Does your student need materials (written, verbal, printed) in an alternative format? E.g. large print, audio format, written descriptions, captions

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Allergies or chemical sensitivities

Please tell us your student's allergies/chemical sensitivities and their severity. E.g. peanuts – anaphylactic reaction to consumption; tree pollen – itchy hives/rash, fragrance – headache/nausea

Which medication(s) does your student need to take for an allergic reaction or exposure? E.g. EpiPen.

Is there anything else you would like to tell us about your student's experience with allergies or chemical sensitivities?

Autism, ADHD, or other spectrum conditions

Please tell us how we can engage and empower your student in class? This question is about attention, focus and executive function. E.g. visual instructions, giving instructions one at a time, regular breaks, use of stim toys, lack of distractions, wearing ear defenders

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Tell us what frustrates or distresses your student. You can tell us about sensory or emotional aspects here. E.g. not enough direction from instructor, too much noise, lack of predictability/order in class

Let us know what makes your student feel confident and relaxed. You can share how they cope with meltdowns/shutdowns here or tell us how they feel most creative and accomplished. E.g. a quiet place when they feel overwhelmed, focused time to create, time to process information and ask questions

Is there anything else you would like to tell us about your student's experience with autism, ADHD or similar spectrum conditions? We realize there are other access needs related to autism, ADHD and similar spectrum disorders. Please fill out any additional sections, such as communication that make sense for your student.

Blindness, low vision, visual impairment

What does your student need to more fully participate in class? E.g. sit near the front of class, one on one demonstration, verbal instructions, rest breaks, wear prescription glasses, visual descriptions

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Does your student use any assistive devices or tools? E.g. handheld magnifier, app to identify objects, guide cane, Braille

Is there anything else you would like to tell us about your student's experience with blindness, low vision or visual impairment?

Chronic illness, long-term health condition

What does a good day look like for your student? E.g. breathing more easily, fewer gastrointestinal symptoms, freer movement

What does a bad day look like for your student? E.g. higher pain, slow movement, frequent bathroom breaks, dizziness or light-headedness

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Are there any signs or symptoms we should look out for in your student? E.g. wheezing, more distracted due to pain, increased joint mobility, agitation.

Is there anything else you would like to tell us about your student's experience with chronic illness or long-term health conditions?

Communication or processing difficulties, learning disabilities

How does your student typically communicate? E.g. speaking, an AAC or communication board

How does your student prefer to be communicated with (by instructors etc.)? E.g. visual instructions, very clear step-by-step directions, being specifically invited to ask questions.

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Are there types of information that are more difficult to process? E.g. speech, numbers, written text

Is there anything else you would like to tell us about your student's experience with communication or processing difficulties, or learning disabilities?

Deaf/deaf, hard of hearing, DeafBlind

What does your student need to more fully participate in class? E.g. visual or written instructions, clear line of sight to instructor or examples, rest breaks, faculty to wear FM loop or similar

Does your student use any assistive devices? E.g. hearing aids, cochlear implant, Braille

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Is there anything else you would like to tell us about your student's experience with being Deaf/deaf, hard of hearing or DeafBlind?

Mobility or dexterity disability or condition

What does your student need to more fully participate in class? E.g. support to gather or set up supplies, a chair with armrests, extra time to complete project, adapted scene

Does your student use any assistive devices? E.g. manual or power wheelchair, crutches, braces, cane

Is there anything else you would like to tell us about mobility and dexterity disabilities or conditions?

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Mental illness/mental health problems

What does your student need to more fully participate in class? E.g. a spot near the door, discussion topics directed away from a strong trigger, ability to opt out/modify activity on a hard mental health day

What is most important for us to understand about your student's mental illness or mental health problem? E.g. it often makes them socially withdrawn, medications cause some physical side affects, they need extra practice or check-ins, more sensitive to feedback, very vigilant about environment

Is there anything else you would like to tell us about your student's experience with mental illness or mental health problems?

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Neurological conditions

What does your student need to more fully participate in class? E.g. have lights dimmed, a low sensory place for breaks, extra instructions or guidance

What is most important for us to understand about your student's neurological condition? E.g. flashing lights are a trigger for seizures, prone to frequent migraines

Is there anything else you'd like to tell us about your student's experience with neurological conditions?

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Other medical, learning or accessibility needs

What does your student need to more fully participate in class?

Does your student use any assistive devices, tools or medication?

What is most important for us to know?

Is there anything else you would like to tell us about your student's experience with their disability, medical condition, or illness?

Thank you so much for taking the time to share more information with us about how we can support your student in their time with us at Arts Umbrella.

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