Accommodation

Clients requiring accommodations are defined as clients who have a disability of an intellectual, physical, sensory, emotional or behavioral nature or a learning disability as identified by a qualified assessor (e.g. doctor, psychologist, qualified counsellor employed or contracted by an organization or training provider).

The goal of accommodation is to reduce barriers within the curriculum, the learning environment, instruction and/or examinations that are interfering with a client’s ability to be successful in a program. It does not relieve the client of the responsibility to develop and maintain an acceptable standard of quality, skill and knowledge in the practice of the designated trade or occupation.

Accommodations are available in most programs administered by Apprenticeship and Industry Training (AIT). However, some accommodations may only be available at certain locations in the province.

Accommodations for apprentices attending technical training are available from the training provider delivering the technical training. It is the responsibility of the apprentice to notify the training provider regarding his/her accommodation requirement prior to the start of technical training.

Accommodation Form

To be considered for accommodation during an AIT exam, please complete the form on page 2. This form needs to be completed by both the client and assessor. Please print.

Client Information section:

- Must be completed, signed and dated by the client/apprentice.

Assessor Information section:

- Must be completed, signed and dated by a qualified assessor (e.g. doctor, psychologist, qualified counsellor employed or contracted by an organization or training provider).
- Answer all questions in the assessor section that apply.
- If there is more information that can assist AIT in accommodating the client and the information will not fit on the form, please provide that information on a separate piece of paper.
- If a client provides a completed assessment by a qualified assessor, the office liaison or designate will fill out the assessor information based upon the recommendations made. In these cases, the liaison will sign the assessor section.

NOTE: Do not include psychometric assessments or medical notes. All copies must be returned to the client.

The AIT office use only section will be completed by an AIT officer.
Accommodation Form
Apprenticeship and Industry Training

PLEASE PRINT

CLIENT INFORMATION

Name ___________________________ (Last, First) DOB _____ / _____ / _____

Phone ___________________________ Email ___________________________

AIT ID __________________________ Trade ___________________________

Period of apprenticeship: __________________________ Class start date _____ / _____ / _____

Client’s Signature __________________________ Date _____ / _____ / _____

ASSESSOR INFORMATION (Please refer to page 1 for a definition of a qualified assessor)

Name ___________________________ (Last, First) Phone ___________________________

Title ___________________________ Email ___________________________

Organization / technical training institute ___________________________

Was a professional assessment completed? ☐ Yes ☐ No ☐ Unknown If yes, date of the assessment? _____ / _____ / _____

Were accommodations provided during technical training? ☐ Yes ☐ No ☐ Unknown

Is this a one-time accommodation? ☐ Yes ☐ No ☐ Unknown If no, reassessment date? _____ / _____ / _____

Additional comments ___________________________

Accommodation(s) recommended by assessor

☐ Extra time ___________________________ ☐ CD recording ___________________________

☐ Private room w/extra time ___________________________ ☐ Live reader ___________________________

☐ Sign language interpreter ___________________________ ☐ Scribe services ___________________________

☐ Other ___________________________

Assessor’s Signature __________________________ Date _____ / _____ / _____

AIT OFFICE USE ONLY

Was an assessment or medical note provided? ☐ Yes ☐ No

Were accommodations provided during technical training? (Please Confirm) ☐ Yes ☐ No

Will accommodations be made for client? ☐ Yes ☐ No

If no, provide rationale ___________________________

If yes, what will be provided?

☐ Extra time ☐ CD recording ☐ Sign language interpreter

☐ Private room w/extra time ☐ Live reader ☐ Scribe services

☐ Other ___________________________

AIT Staff Name __________________________ Date _____ / _____ / _____

Freedom of Information and Protection of Privacy Notification: Alberta Advanced Education and the Alberta Apprenticeship and Industry Training Board (“Board”) are collecting the personal information you provide in this application pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (“FOIP”) to help determine and verify whether you meet the standards and requirements established by the Board under the Apprenticeship and Industry Training Act (“Act”) for membership on a Local Apprenticeship Committee, Provincial Apprenticeship Committee, Occupational Committee or Provisional Committee. The use and disclosure of your personal information is managed in accordance with FOIP. If you have any questions respecting the collection of your personal information, contact the Apprenticeship and Industry Training Information Line at 1-800-248-4823.