

Advisor Signature

## **CAPER-BC Application Form**

ry		User Information		
Name				
	Last	First	Middle Initial	
Phone		Email		
Institution		Advisor		
City				
		For students		
protected in	•	rmation provided to CAPER-BC is collece BC College and Institute Act and the BC		
troubleshoo	t technical problems.	only be used to provide you with altern. To help serve you better we may share yor Assistive Technology BC.	· ·	
•	questions about how caperbc@langara.ca	we use your personal information, contact.	t the Coordinator at 604-	
		imes per year to let you know about chansubscribe at any time. $\Box$ Op	nges in service and other tout now	
	te formats we will se or your instructor.	end you are only for you. You may not	share them with friends,	
I have read,	understood and agre	e to the above statements.		
Signature _		Da	te	
		For disability advisors		
	the student I am reg se print materials.	istering with CAPER-BC has a disability w	hich limits their ability to	
Name	Locat	<del></del>	A4: 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Last	First	Middle Initial	

Date \_\_\_\_\_

## Check All That Apply (to be filled in by advisor with the student)

Disability			
Learning			
☐ Visually Impaired			
Blind			
Physical			
Other (please explain)			
Memberships			
AT-BC			
☐ CNIB			
PRCVI (past or present)			
Other (please explain)			
What kind of hardware do you have?			
☐ PC			
☐ Mac			
iPad or tablet			
Smart phone (e.g. iPhone, Android)			
Other (please explain)			
What software do you use?			
Text to Speech software			
Screenreader (JAWS, Voiceover, NDVA)			
Learning Software			
Magnifier Magnifier			
Other (please explain)			
Preferred Alternate Formats			
Etext (.doc)			
□ PDF			
Other (please explain)			
Anything else we should know?			