

Accessibility Standard Policy AS#1.2A – Appendix A

Request for Autism Services Documentation in an Accessible Format or with Communication Support

Autism Services Inc. aims to meet information and communications delivery expectations for all of its families, including those with disabilities. Our organization welcomes comments on the best way to provide our information and communications in a format or with the use of communication supports that fits the needs of our families.

We will respond either in writing, by email or by telephone acknowledging the receipt of your request and outlining the action(s) to be taken and when. ASI will endeavour to respond in a format that meets your needs.

Personal Information

_____ Last Name _____ First Name

Address

_____ Street Number & Name _____ City _____ Postal Code

Contact Information

_____ Phone Number _____ Email Address

Document Information

_____ Name of Document _____ Name and Date of Event

Language Requested

English _____ French _____

Accessible format or communication support requested

_____ e.g. Braille, html, text etc. Please indicate any specific technical needs

Date – What date do you require this information by?

_____ Month _____ Day _____ Year

This form will be made available in accessible format upon request.