

Topic: How did your disability shape your decision to study the program you chose

Living with a learning disability has never been easy for me. I missed out on a bunch of important school years, the ones where you're supposed to build your basics. So for a long time, I just felt behind. Not just in school but in life too. Then on top of that, I got diagnosed with epilepsy. The seizures messed with my memory and made learning even harder than it already was. It felt like everything that could hold me back, did. But I never let it stop me. It just made me work harder.

The last few years, I had to push myself a lot. I had to figure out new ways to learn, ask for help when I needed it, and put in extra time just to catch up. It wasn't easy. I had plenty of times where I wanted to quit. But I didn't. My learning disability taught me to be patient with myself, and my epilepsy showed me how to stay strong even when things felt out of my control.

Growing up, I spent a lot of time in and out of hospitals. It wasn't just appointments, it kinda became a big part of my life. And during those times, I noticed the nurses. They weren't just doing their job, they were kind and patient, and they saw me as a person, not just a diagnosis. That really stuck with me. It made me wanna be like them one day.

That's why I chose nursing. Not just because I like science or healthcare (which I do), but because I want to help people during some of their hardest moments, just like the nurses helped me. I want to help people who feel like everything is too much. I want to remind them they're not alone, and even when it feels impossible, there's still a way forward.

My disabilities have been tough, but they made me someone who doesn't give up. I learned how to be empathetic, how to listen, how to speak up for myself, and how to keep pushing even when I'm struggling. Nursing lets me take everything I've been through and turn it into something real. I get to be part of people's healing and give back the kind of care that once helped me.

This journey has taken longer than most, and it's been full of ups and downs, but I'm proud of how far I've come. I'm excited to finally move forward doing something I really care about. My learning disability and epilepsy don't define me, but they shaped who I am and the nurse I want to be. They showed me that even when life gets tough, I can still find my way.

I'm not just entering a nursing program. I'm bringing years of experience, growth, and personal strength with me. I've learned to problem-solve in ways that work for me. I've had to learn how to advocate for myself in medical settings, and I've seen firsthand how important compassion and patience are. These aren't just things I've read in a book. I've lived them. And that's what I want to bring into every room I walk into as a future nurse.

I know there will be more challenges ahead, but I also know I'm ready for them. This isn't just a program I'm entering. It's a step toward becoming someone I've always looked up to. Someone who made a difference. And now, I get the chance to do the same.

~ Rachel Croft

Ontario High School Information

Academic Data

Literacy Test: English
Community Involvement: Yes
Highest Education: OSSD
Date Credential Achieved: 2025-04-11
Schools Attending / Attended: Monsignor Fraser College - Isabella Campus - 680354

Ontario High School Grades - Total Credits To Date: 30.0

Course Code	Completion Date	Mark	Mark Type	Credit	Course	Status	Delivery Type	Course Type	Notes	Mident Code
MAP4C1	202504	95	Final	1			Day	Regular		680354
ENG4C1	202501	96	Final	1			Day	Regular		680354
GLN4O1	202501	EQV	Final	1			Day	Regular		994092
OLC4O1	202501	97	Final	1			Day	Regular		680354
PPL3O1	202501	EQV	Final	1			Day	Regular		994092
SCH4C1	202501	96	Final	1			Day	Regular		680354
TPJ3M1	202501	EQV	Final	1			Day	Regular		994092
MBF3C1	202411	92	Final	1			Day	Regular		680354
SBI3C1	202411	92	Final	1			Day	Regular		680354
MFM2P1	202407	96	Final	1			Day	Regular		981230
CHV2O3	202406	95	Final	0.5			Day	Regular		680354
PPZ3C1	202406	94	Final	1			Day	Regular		680354
BMX3EG	202405	EQV	Final	1			Day	Regular	X	680354
CIC4E1	202405	EQV	Final	1			Day	Regular		680354
GPP3O1	202405	EQV	Final	1			Day	Regular		680354
HIP4O1	202405	EQV	Final	1			Day	Regular	X	680354
HPD4CC	202405	EQV	Final	1			Day	Regular		680354
TOJ4C1	202405	EQV	Final	1			Day	Regular		680354
CHC2P1	202404	91	Final	1			Day	Regular		680354
HPC3O1	202404	90	Final	1			Day	Regular		680354
ENG3C1	202401	85	Final	1			Day	Regular		680354
SNC2P1	202311	72	Final	1			Day	Regular		680354
DCO3O2	202308	87	Final	2			Day	Co-Op Out of School	C	981230
AWS2O1	202306	55	Final	1			Day	Regular		680354
ENG2P2	202306	75	Final	1			Day	Regular		680354
GLC2O1	202105	85	Final	0.5			Other	Regular		890120
MPM1D1	202011	1	Final	0			Other	Regular		890120
AVI2O1	202001	53	Final	1			Day	Regular		890120
SNC1P1	202001	51	Final	1			Other	Regular		890120
HIF1O1	201906	51	Final	1			Other	Regular		890120
ENG1P1	201901	56	Final	1			Other	Regular		890120

P.O. Box 1015
Station B, Toronto, ON
M5T 2T9 Canada
www.georgebrown.ca



Rachel Croft
607-27 Rean Dr
North York, ON
Canada, M2K 0A6

AD_OFFER - Fall 2025

March 28, 2025

George Brown student number : 101601650
OCAS number: 250792434

OFFER OF ADMISSION

Dear Rachel Croft,

Congratulations! I am delighted to present you with an offer of admission to George Brown College.

By choosing to attend George Brown, you will be joining a vibrant college community in the heart of downtown Toronto, just steps from top employers, accessible transit and a wide variety of cultural experiences.

Please read this entire letter, including the instructions provided on the next page.

We are offering you admission to:

S121 - Semester 1 - Practical Nursing - Fall 2025 (Waterfront Campus) (conditional)
Offer Due Date: May 01, 2025

How to accept your offer:

Log on to <https://www.ontariocolleges.ca/en/> and accept your offer in order to reserve your spot in the program.

Classes and labs will be held from Monday to Saturday any time between 8 am and 8 pm. This means students will be required to attend classes on weekends and/ or evenings.

NOTE: Your offer is conditional

Your offer is conditional, which means that we have not received proof that you have met one or more requirements for your program(s), as specified on <https://www.georgebrown.ca/programs>. It is your responsibility to ensure that you submit all documents or requirements listed below to <https://www.ontariocolleges.ca/en/> by **July 25, 2025** otherwise your acceptance to the program may be revoked.

Mathematics Requirement with a minimum grade of 70 (Practical Nursing-Waterfront)

Vaccine Requirement Update

At George Brown College your health and well-being are our first priorities. We deliver programs and student services on campus and in hybrid and online formats. Check back in Spring 2025 to see the updated Program Delivery List for Fall 2025: <https://www.georgebrown.ca/programs> for the exact delivery format for your program. We do not require health screenings or proof of vaccination to enter college buildings. However, students in some of our academic programs interact with vulnerable individuals. These special settings are subject to additional requirements, and proof of vaccination is a requirement. Please check your program page to see if there are any special requirements for your program: <https://www.georgebrown.ca/programfinder>

Once again, welcome to George Brown College!

Sincerely,

A handwritten signature in black ink, appearing to read "Janene Christiansen".

Janene Christiansen
Registrar and Associate Vice President, Strategic Enrolment



Rachel Croft
607-27 Rean Dr
North York, ON
Canada, M2K 0A6

Program Name: Practical Nursing
Program Code: S121
Campus: Waterfront
Dear Rachel,

Program Start Date: September 2, 2025
Semester/Term: 1 - Fall 2025
ID Number: 101601650

Congratulations and thank you for accepting your offer to **S121 - Practical Nursing** for **Fall 2025** at George Brown College!

We are confident that you will make your career goals come true through innovative learning and real-world experience, in the heart of **downtown Toronto**: <https://www.georgebrown.ca/campuses>. You'll find a class of your own and be part of a vibrant community, just steps from **top employers**: <https://www.georgebrown.ca/why-george-brown/connected-to-employers>, and easily accessible by public transit.

Classes and labs will be held from Monday to Saturday any time between 8 am and 8 pm. This means students will be required to attend classes on weekends and/ or evenings.

Next Steps:

You will be receiving a Registration Letter & Invoice by email. The Registration Letter & Invoice will be issued starting early May and on-going after that.

- ✓ **Please check this Registration Letter & Invoice and make note of the due date. Please ensure you pay your non-refundable deposit of \$500 by the stated deadline.**
- ✓ To keep your seat in the program, **please pay on time.**

For more information regarding the tuition deposit and payment, visit www.georgebrown.ca/registernow



George Brown College has implemented a crucial security measure known as Multi-Factor Authentication (MFA), which is now **mandatory** for all students and staff. MFA is a widely recognized cybersecurity best practice, adopted by organizations worldwide to protect their systems and users from malicious attacks. To ensure maximum security, in addition to your username and password, you will be required to have a secondary means of authentication using the Microsoft Authenticator app on your mobile device (phone/tablet). This extra layer of security will significantly reduce the risk of unauthorized access and protect your sensitive information from cyber threats. **Follow the steps on this page to set up MFA:** www.georgebrown.ca/mfa. If you have any questions please refer to our FAQs www.georgebrown.ca/mfa#faq or email mfa@georgebrown.ca.

PASSEPORT

Issuing Country/Pays émetteur

२२

GROF

RACHEL JESTICA

CANADIAN/CANADIENNE

15 JAN / JAN 2004

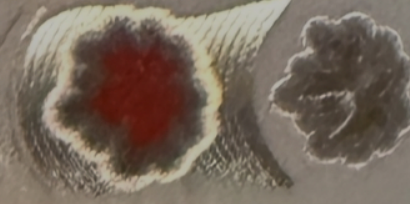
MARKHAM CAN

01 JUL 2024

01 JUL / JUL 2034

NORTH YORK

12



SPRINGFIELD
MASS
JAN 10 1892

P607013NG

[illegible]

P607013NG9CAN0401157F3407013<<<<<<<<<<<<<00



125009079

607-607-27 Rean Dr
North York, ON M2K0A6
Canada

Date: June 18, 2025

Account: 025009079

Student no: 101601650

School: George Brown College

Program: PRACTICAL NURSING SEPT

Study period: Sep 2, 2025 to Apr 16, 2026

Financial aid office: George Brown College
Financial Assistance Office
160 Kendal Ave
Toronto, ON M5R 1M3

Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) and Ontario Learn and Stay Grant purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP and the Ontario Learn and Stay Grant may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). These two programs help eligible students in full-time or part-time studies with the costs of eligible disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-DSE application to be considered. The application is available on the OSAP website (ontario.ca/osap). Students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.

Help is available

The office for students with disabilities/accessibility services office or the financial aid office at your school can help you with any questions about this form. The office for students with disabilities/accessibility services office can also provide information about disability-related equipment, supports and services available at your school. For more information, see the "Questions?" section on page 2.

How to complete this form

There are two parts to this form:

- Section A is your consents and declarations, which you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing). Send all pages of Section B to your health care provider to complete regarding your disability.

Normally, you are only required to have this form completed once.

How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

Upload it online:

You can upload your completed form online. Log into the OSAP website and go to your OSAP or Ontario Learn and Stay Grant application to use the "Print or upload documents" feature.

Send in the form:

Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students, OSAP Application for Part-Time Students, or Ontario Learn and Stay Grant Application, this completed form must be received by your financial aid office or the ministry no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

Questions?

If you need help with this form, contact the financial aid office at your school.

The office for students with disabilities/accessibility services office can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.



125009079

607-607-27 Rean Dr
North York, ON M2K0A6
Canada

Date: June 18, 2025

Account: 025009079

Student no: 101601650

School: George Brown College

Program: PRACTICAL NURSING SEPT

Study period: Sep 2, 2025 to Apr 16, 2026

Financial aid office: George Brown College
Financial Assistance Office
160 Kendal Ave
Toronto, ON M5R 1M3

Section A: Consents and declarations of student

Part 1: Required consents and declarations

- I agree that until my loans, including any grants that are converted into loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP), the Ontario Learn and Stay Grant and the Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP and the Ontario Learn and Stay Grant; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP and the Ontario Learn and Stay Grant in the future and may take legal action and may require me to repay any disability-related OSAP and Ontario Learn and Stay Grant funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
- I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

Part 1: Required consents and declarations (continued)

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:

Date:

Day Month Year

Rachel Croft

1 5 0 1 2 0 0 4

Part 2: Optional consent and declaration of student

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's office for students with disabilities/accessibility services office.

Why would this be helpful?

- Giving your consent for the information on this form to be shared with your school's office for students with disabilities/accessibility services office may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). (Note: students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.)

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's office for students with disabilities/accessibility services office if it is required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment – Students with Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:

Date:

Day Month Year

Rachel Croft

1 5 0 1 2 0 0 4

The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP) and the Ontario Learn and Stay Grant.

Your personal information will be used to administer and finance OSAP and the Ontario Learn and Stay Grant as set out in the notice of Collection and Use of Personal Information on your OSAP and Ontario Learn and Stay Grant application(s) and in accordance with the consents you signed on your application(s). The Ministry of Colleges and Universities administers and finances OSAP and the Ontario Learn and Stay Grant under the authority set out under the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, c. M.19, as amended, and the regulations made under the Act. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

Section B: Verification of patient's disability

To be completed by the student's health care provider (physician or other regulated health care professional). The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or supports under the Ontario Student Assistance Program (OSAP) and the Ontario Learn and Stay Grant. Eligibility is based on factors including but not limited to the student's disability meeting the federal government's definition of either "permanent disability" or "persistent or prolonged disability" and resulting in functional limitations that restrict their ability to perform daily activities necessary to pursue postsecondary studies. Provide clear statements about your patient's disability-related functional limitations and educational barriers. Avoid vague terms like "suggests" or "is indicative of". If more space is required, provide additional details on your official letterhead and attach it to this document. **Complete Section B: Parts 1-6. If any questions or fields are left blank, your patient will not be considered to have a permanent disability or a persistent or prolonged disability for OSAP or Ontario Learn and Stay Grant purposes. Return the completed form and any attachments to your patient.**

Patient information

Student name:

Rachel Croft

Date of birth:

January 15, 2004



125009079

Part 1: Physician or regulated health care professional information

First name:

MATTHEW

Area code and telephone number:

416 494 7512

Last name:

TO

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist ☐ Chiropractor ☐ Neurologist
☐ Nurse Practitioner ☐ Occupational Therapist ☐ Ophthalmologist ☐ Optometrist
☒ Physician - Family ☐ Physician - Psychiatrist ☐ Physiotherapist
☐ Physician - Other (specify): _____
☐ Psychologist, Psychological Associate or Neuropsychologist ☐ Rheumatologist

This form will NOT be accepted if the chart below is incomplete or submitted without a stamp or signed letterhead

Canadian Provincial/
Territorial Licence #

112313

Address

220 DUNCAN MILL
ROAD, SUITE 511

Place office stamp here - if you do not have an
office stamp, you must sign and attach your
letterhead to this form

Dr. Matthew TO, MD
International Medical Services
220 Duncan Mill Road, Suite 511
North York, Ontario
Canada, M3B 3J5

Student:
Rachel CroftAccount #:
025009079School:
EVAU

125009079

Part 2: Patient's disability status**A. Permanent disability status**

For OSAP and Ontario Learn and Stay Grant purposes, a **permanent disability** is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

Does the patient have a permanent disability?

☒ Yes☐ No**B. Persistent or prolonged disability status**

For OSAP and Ontario Learn and Stay Grant purposes, a **persistent or prolonged disability** is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- has lasted, or is expected to last, for a period of at least 12 months, but is not expected to remain with the student for their expected life.

Does the patient have a persistent or prolonged disability?

☐ Yes☐ No

If you answered "**No**" to **both** questions in Part 2, then you may bypass Parts 3-5 and go directly to Part 6 to provide your declaration and signature. Your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP or Ontario Learn and Stay Grant purposes. Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.

Student:
Rachel Croft

Account #:
025009079

School:
EVAU



Part 3: Nature of patient's disability

Check all that apply:

- ☐ Acquired Brain Injury
- ☐ Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Autism Spectrum Disorder
(e.g., Autism, Pervasive Developmental Disorder, Asperger's Syndrome)
- ☐ Chronic health/medical disability
(e.g., Crohn's disease, epilepsy, chronic pain, heart condition)
- ☐ Deafened, deaf, Deaf or hard of hearing
- ☐ Functional / mobility impairment
(e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)
- ☒ Learning disability

Note: psycho-educational assessments completed in the last 5 years or since the patient was 18 are an acceptable best standard for assessing students with learning disabilities. If the patient has never completed a psycho-educational assessment or has an outdated one, additional documentation may be required.

Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP or Ontario Learn and Stay Grant purposes.

Answer the following questions:

Has a psycho-educational assessment been performed by a registered psychologist, psychological associate or neuropsychologist?

- ☒ Yes
- ☐ No

If "Yes", enter the date of the most recent assessment:

Day Month Year

18 03 2025

Was a learning disability confirmed?

- ☒ Yes
- ☐ No

- ☐ Mental health impairment
- ☐ Visual impairment
- ☐ Other disability not indicated above – Specify:

Student:
Rachel Croft

Account #:
025009079

School:
EVAU



Part 4: Mobility/movement and/or sensory impacts

Check all that apply:

- ☐ No mobility/movement or sensory impacts
- ☐ Ambulation ☐ Standing ☐ Sitting ☐ Stair climbing ☐ Lifting/carrying/reaching
- ☐ Grasping/gripping/dexterity ☐ Low vision (after correction) ☐ Legally blind ☐ Hearing loss
- ☐ Sensory impacts - Specify: _____
- ☐ Other - Specify: _____

Describe
impact(s):

Part 5: Cognitive and/or behavioural impacts

Check all that apply:

- ☐ No cognitive or behavioural impacts
- ☐ Attention and concentration ☒ Memory ☐ Information processing (verbal)
- ☐ Stress management ☐ Communication ☒ Information processing (written)
- ☒ Organization and time management ☐ Social interactions
- ☐ Other - Specify: _____

Describe
impact(s):

Rachel's conditions including learning disability and previous seizure (now controlled) have negatively impacted function.

Part 6: Declaration of physician or regulated health care professional

I certify that the information provided on this form is accurate. If I answered "Yes" to either question in Part 2, I certify that the patient identified above experiences the disability-related functional limitation(s) and/or educational barrier(s) indicated on this form.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:

Date:

Day Month Year

11 07 2025