## PARTICIPANT INFORMATION

Individuals Name Email Education Abroad Program

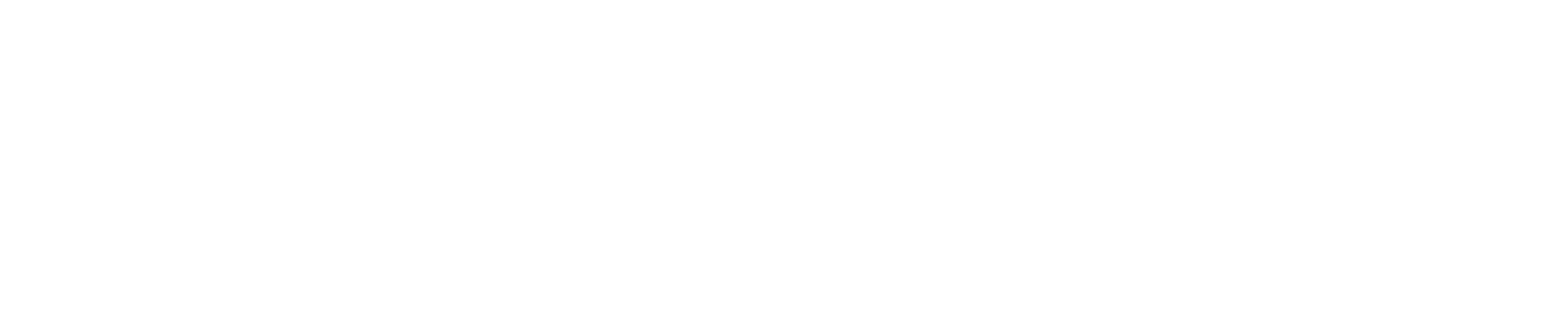
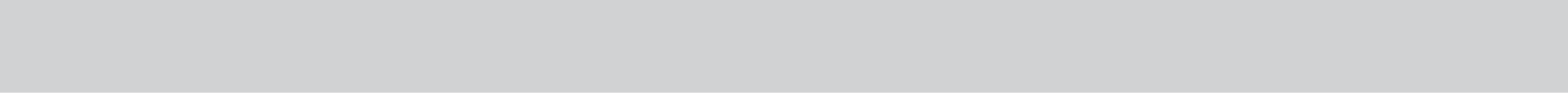
Student's L# (if applicable) Primary Phone Secondary Phone

## PROGRAM LEADER INFORMATION

Individuals Name Official Title Email UNA Office Phone Primary International Phone

## PROGRAM ASSISTANT INFORMATION

Individuals Name Official Title Email UNA Office Phone Primary International Phone



**NOTE**: This form should be completed and submitted to the Program Leader at least 8 weeks prior to the education abroad program start date in order for staff to have sufficient time to determine accommodation possibilities. If you find this document is not accessible please contact DSS.

## INSTRUCTIONS FOR U.S. DSS

* Together with the individual, please review the entire Accommodation Request Form. (There is no need, however, to complete pages that do not apply to the individual’s disability.) Please be sure to write clearly, this form will be emailed, as is, to the overseas site.
* Place a check [√] on each line that best describes the individual’s accommodation needs.
* Indicate whether the accommodation is essential (must have) or preferred (would like to have). Please be certain that “essential” is restricted to those services which the individual must have to participate overseas.
* Provide further details on the line provided after each question. Sites vary greatly on the types of accommodations possible. Providing details and possible alternatives help the overseas sites arrive at creative solutions.
* Forward the completed form to the Education Abroad Program Leader.
* Even if the individual does not require disability accommodations, please notify the appropriate education abroad program leader of the student’s disability.

## INSTRUCTIONS FOR PROGRAM LEADER

Please provide your contact information above and email the following pages overseas: Background Information, all completed pages of the Accommodation Request Form (omit pages that do not apply to the individual’s disability), Definitions, and the blank Response Form.

## INSTRUCTIONS FOR OVERSEAS SITE

Attached please find a list of accommodations requested for the above referenced education abroad participant. A Disability Specialist has worked with this individual to determine what accommodations are essential for his/her participation on this particular education abroad program. Please do the following:

* Review the individual’s accommodation needs.
* Use the two-page Response Form at the end of this document to comment on the accommodations that you feel you can provide. Feel free to attach additional pages if needed.
* Suggest alternative means of accommodating the individual, whenever possible.
* E-mail your response to the Office of International [Affairs kniehaus@una.edu](mailto:kniehaus@una.edu)

\*\*\* Please note: Only the completed pages, appropriate to this specific individual, have been included. In addition, a list of definitions for terms used in this form is included at the end of the checklist.

|  |  |
| --- | --- |
| **BACKGROUND INFORMATION**  Since the type of disability which an individual may have can vary greatly, the type of accommodations needed can also vary significantly. Below please find descriptions of the various types of disabilities recognized in the United States. Program participant needs vary according to each individual. Therefore, it is important for the participating individual to clarify the particular accommodations she or he may need.  The term **disability** is defined in the United States as impairment that significantly limits or restricts a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, or learning. The six types of disabilities addressed in this checklist are: | |
| **ABI/TBI** | Brain injury can result from external trauma, such as a closed head or an object penetration injury, or internal trauma, such as a cerebral vascular accident or tumor. Additionally, individuals may acquire brain impairment as a result of neurological illnesses, such as epilepsy or multiple sclerosis. ABI/TBI can cause physical, cognitive, emotional, social, and vocational changes that can affect an individual for a short period of time or permanently. |
| **ADHD/ADD** | AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. |
| **ASD** | Autism Spectrum Disorders are characterized by impairment in several areas of development including social communication and social interaction across contexts, and the presence of restricted, repetitive patterns of behavior, interests or activities. |
| **Communication Disorder** | Communication disorders is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in language, speech and, communication. This includes difficulties in receptive and expressive language, including the production of sounds, articulation and fluency deficits, difficulty in the acquisition and production of language across modalities (i.e., spoken, written), and difficulties in the social use of verbal and nonverbal communication. |
| **LD** | Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. |
| **Mobility** | Mobility disorder refer to conditions that limit a person’s coordination or ability to move. Some mobility disorder are congenital while others are the result of illness or physical injury. The functional abilities and limitations resulting from the disorder will vary from individual to individual. |
| **Psychological** | Many different psychological disorders can interfere with cognitive, emotional, and social functioning and may negatively impact a student’s ability to function in an academic environment. Some individuals experience significant disruptions in mood, thinking, and behavioral regulation that are secondary to a psychological disorder. |
| **Sensory** | Individuals who are deaf or hard of hearing experience a reduction in sensitivity to sound. Blind/ Low Vision are disorders in the function of the eyes that have not been adequately corrected by medical or surgical intervention, therapy, or conventional eyewear. Individuals with visual disorders may not have any usable vision or the vision may be significantly limited. |
| **Systematic** | Systemic disabilities are conditions affecting one or more of the body’s systems, including the respiratory, immunological neurological, circulatory, or digestive systems. |

## DISABILITY SERVICES SPECIALIST TO COMPLETE

Please briefly describe the barriers presented by the individual’s disability and how this disability may impact the individual’s participation in Education Abroad programs (e.g. functional limitations).

# MOBILITY DISABILITIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASSROOM** | | | | |
|  | **Essential** | **Preferred** | **Not Needed** | **List Details** |
| Wheelchair accessibility |  |  |  |  |
| Short walking distance between buildings |  |  |  |  |
| Lab and/or Library Assistant |  |  |  |  |
| Scribe |  |  |  |  |
| Grab bar and adjusted height toilet stool |  |  |  |  |
| **HOUSING** | | | | |
| Wheelchair accessibility |  |  |  |  |
| Electricity adapter for motorized scooter |  |  |  |  |
| Short walking distance to classes & activities |  |  |  |  |
| Shower with bench |  |  |  |  |
| Grab bar and adjusted height toilet stool |  |  |  |  |
| Assistance in dining area for carrying trays, cutting food, etc. |  |  |  |  |
| Personal attendant services to assist with bathing, dressing, shopping, and cooking  (Indicate type and amount of time) |  |  |  |  |
| Housing for personal attendant |  |  |  |  |
| **TRANSPORTATION** | | | | |
| Wheelchair accessible (transportation equipped with a lift) |  |  |  |  |
| Short walking distance to transportation from classes, housing and activities |  |  |  |  |
| Personal attendant services to assist with transportation (Indicate type and amount) |  |  |  |  |
| **OTHER (Specify)** | | | | |
|  |  |  |  |  |

**VISION DISABILITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASSROOM** | | | | |
|  | **Essential** | **Preferred** | **Not Needed** | **List Details** |
| Materials in Braille |  |  |  |  |
| Materials in large print |  |  |  |  |
| Materials on computer disk |  |  |  |  |
| Materials electronically |  |  |  |  |
| Service dog allowed in all areas |  |  |  |  |
| Taped textbooks |  |  |  |  |
| Text Reader |  |  |  |  |
| Scribe |  |  |  |  |
| Notetaking |  |  |  |  |
| Braille signage for buildings, elevators, & classrooms |  |  |  |  |
| Guide (orientation/mobility assistance) on campus (Indicate amount of time) |  |  |  |  |
| Verbal description of visual information |  |  |  |  |
| **TEST ACCOMMODATIONS** | | | | |
| Extra time |  |  |  |  |
| Text Reader |  |  |  |  |
| Scribe |  |  |  |  |
| Distraction Reduced Room |  |  |  |  |
| **HOUSING** | | | | |
| Guide (orientation/mobility assistance) (Indicate amount of time) |  |  |  |  |
| Braille signage for public housing (e.g. dormitories, apartment buildings, etc.) |  |  |  |  |
| **OTHER (Specify)** | | | | |
|  |  |  |  |  |

**HEARING DISABILITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASSROOM** | | | | |
|  | **Essential** | **Preferred** | **Not Needed** | **List Details** |
| Note-taking services |  |  |  |  |
| Sign language interpreters upon request |  |  |  |  |
| Volume control for telephone |  |  |  |  |
| Language used (American Sign Language, PSE, other) (specify) |  |  |  |  |
| Induction loops or similar technologies |  |  |  |  |
| Captioned videos |  |  |  |  |
| Real time translation/captioning |  |  |  |  |
| TTY (telephone for deaf users) |  |  |  |  |
| **HOUSING** | | | | |
| Visual alert systems for telephone, doorbell, and fire alarm |  |  |  |  |
| Volume control for telephone |  |  |  |  |
| TTY (telephone for deaf users) |  |  |  |  |
| Sign language interpreters in one- on-one situations |  |  |  |  |
| Sign language interpreters in group settings |  |  |  |  |
| Language used (American Sign Language, PSE, other) (specify) |  |  |  |  |
| Captioned television |  |  |  |  |
| Bed shaker |  |  |  |  |
| 1st Floor room |  |  |  |  |
| ESA |  |  |  |  |
| **OTHER (Specify)** | | | | |
|  |  |  |  |  |

**OTHER DISABILITIES**

e.g. PSYCHOLOGICAL DISABILITIES, ATTENTION DEFICIT DISORDER, LEARNING DISABILITIES OR OTHER CHRONIC HEALTH CONDITIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASSROOM** | | | | |
|  | **Essential** | **Preferred** | **Not Needed** | **List Details** |
| Notetaking services |  |  |  |  |
| Tape record lectures |  |  |  |  |
| Taped textbooks |  |  |  |  |
| Obtain syllabi several weeks in advance |  |  |  |  |
| Modified deadlines for assignments and exams |  |  |  |  |
| Alternative ways of completing assignments (e.g. oral presentation instead of a written paper) |  |  |  |  |
| **TEST ACCOMMODATIONS** | | | | |
| Scribe |  |  |  |  |
| Extended Time |  |  |  |  |
| Text Reader |  |  |  |  |
| Calculator |  |  |  |  |
| Distraction Reduced Environment |  |  |  |  |
| **HOUSING** | | | | |
| Refrigeration for prescribed medication |  |  |  |  |
| Provisions to accommodate special dietary needs (specify) |  |  |  |  |
| **OTHER (Specify)** | | | | |
|  |  |  |  |  |

# GENERAL DISABILITY INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CAMPUS-WIDE SERVICES** | | | | | |
|  | **Essential** | **Preferred** | | **Not Needed** | **List Details** |
| Academic support services (e.g. writing assistance, tutoring) |  |  | |  |  |
| Personal counseling services |  |  | |  |  |
| Health Services (specify type of service needed) |  |  | |  |  |
| Access to prescribed medication & medical staff to administer any necessary injections. |  |  | |  |  |
| *Note: Medications available in the US are often not available overseas and cannot be mailed from the US to an overseas location. Students must bring sufficient medication with them or investigate in advance whether their medication can be obtained abroad.* | | | | | |
| **LIBRARY** | | | | | |
| Private room to work with a reader |  |  | |  |  |
| Text scanner |  |  | |  |  |
| Braille display connected to a computer |  |  | |  |  |
| Computer equipped with text magnification software (CCTV) |  |  | |  |  |
| Braille display connected to a computer |  |  | |  |  |
| Electronic access to library via modem |  |  | |  |  |
| **Library assistance:** |  |  | |  |  |
| Consulting the card catalogues |  |  | |  |  |
| Taking books off the shelves |  |  | |  |  |
| Photocopying materials |  |  | |  |  |
| **ASSISTIVE TECHNOLOGY** | | | | | |
|  | **Needs** | | **Owns** | | **List Details** |
| Scanner |  | |  | |  |
| Braille printer |  | |  | |  |
| Text magnification software |  | |  | |  |
| Large screen for reading magnified print |  | |  | |  |
| CCTV (magnifies hard copy print) |  | |  | |  |
| Speech output software (specify software needed and language) |  | |  | |  |
| Voice recognition system |  | |  | |  |
| Audio tape recorder |  | |  | |  |
| Braille note taking device (e.g. Braille'n'Speak) |  | |  | |  |
| Adaptive keyboard and mouse |  | |  | |  |
| **OTHER** | | | | | |
| Computer operating system needed (specify); |  | |  | |  |

SAFETY CONSIDERATIONS

Please describe any safety and/or health considerations you anticipate for field trips and excursions.

GENERAL COMMENTS

Please add any additional comments or concerns about accommodations you may need (e.g. arrival concerns, financial resources, wheelchair repairs).

# CERTIFICATION BY DISABILITY SERVICES STAFF AND PARTICIPANT

DSS staff Completing Form: Email: Phone:

I certify that the accommodations checked as essential are reasonable accommodations which would generally be provided to this Individual in the U.S.

Signature of DSS staff: Date:

I recognize that some of these accommodations may not be available at all education abroad sites but that efforts will be made to provide alternative accommodations whenever possible. I give permission to the UNA Program Leader to contact the overseas staff regarding my accommodation requests. If I do not request accommodations at this time, I understand that it is my responsibility to contact DSS and request accommodations if I should identify accommodation needs after I arrive at the overseas site.

Signature of Participant: Date:

# DEFINITIONS

|  |  |
| --- | --- |
| **Accommodations** | Are modifications or adjustments to a course, program, service, or facility that enable a qualified student with a disability to have an equal opportunity to learn |
| **Assistive technology** | Any piece of equipment that is used to increase, maintain or improve the functional abilities of a person with a disability |
| **Captioned** | Audio portion of videotape is transcribed into writing on the edge of the screen |
| **Closed-captioned** | Audio portion of videotape that can be displayed or hidden using special decoding equipment |
| **CCTV (Closed circuit television)** | A television camera that relays a magnified image to a monitor screen; can be adjusted to whatever magnification is best for a viewer with a disability |
| **Induction loops** | A device installed in a room to transmit sounds to the student |
| **Lab assistants** | Assist students (who are blind or have limited hand use) with manual tasks in lab classes |
| **Mobility orientation** | Assisting individuals with vision disabilities in becoming acquainted with new physical surroundings so that they can move about independently |
| **Note takers** | take notes for students whose disabilities prevent them from taking notes themselves |
| **Personal aids** | Accommodations and aids that are personal in nature and that are generally the responsibility of the student,  e.g. hearing aids, flashing light alarm clocks, etc. |
| **Personal attendant** | assists a person with limited upper body strength or mobility to perform daily tasks such as bathing, dressing, cooking, and eating |
| **Reader** | Reads material that is not available in alternative format (such as electronic, Braille, or large print) for students who are blind or learning disabled |
| **Real-time transcription** | Consists of transcribing a lecture on-site and projecting it onto a screen into written language |
| **Scanner** | Equipment that transforms print information into digital media so that it can be manipulated using a computer |
| **Scribe** | Writes down what blind or learning disabled student dictates |
| **Service dog or guide dog** | A dog that has been specially trained to guide or perform tasks for a person with a disability (such as a blind or mobility impaired person) |
| **Sign language interpreters** | Interpret spoken language into a visual language, using hands, body movements, and facial expressions, for people who are deaf; may be needed in group settings (e.g. orientation sessions) or one-on-one settings (e.g.  doctor’s appointments). |
| **Speech output software** | The computer through a synthesized voice system reads aloud (in select languages) what appears on the screen |
| **Test accommodations** | Extended time, having test read to a student, allowing the student to dictate his or her answers to a scribe or tape recorder |
| **TTY (Text Telephone) or TDD (Telecommunication**  **Device for the Deaf)** | Small typewriter device used by deaf individuals to have telephone conversations with hearing individuals |
| **Voice recognition system** | The computer types onto the screen what is verbally spoken |
| **Wheelchair-accessible** | Physical space arranged so that a person using a wheelchair would be able to use the facilities independently (e.g. elevators or ramps where there are stairs, curbs or uneven surfaces and doorways into rooms and toilets 82 cm wide with the door open 90 degrees); accessibility should be assessed in libraries, health facilities, classroom buildings, sports facilities, dining halls, computer lab buildings, residence halls, streets, transportation,  etc. |

**ACCOMMODATION RESPONSE FORM**

***For Completion by Overseas Site***

Below, please address the following issues as they pertain to (student’s name)

Please list the name of the person whom the student should contact upon arrival to review accommodation needs. Please be sure this person introduces him/herself to the student. This contact information will be given to the participating student.

Key Contact Email

Phone Address

|  |  |  |
| --- | --- | --- |
| Please list who at your institution has been or will be informed of this individuals disability-related needs, including: | | |
| NAME | TITLE | RELATIONSHIP TO STUDENT |

After reviewing the individuals accommodations needs, please describe what accommodations your institution will provide for this student in the following areas.

CLASSROOM:

HOUSING:

TRANSPORTATION:

CAMPUS-WIDE SERVICES:

TECHNOLOGY:

SAFETY CONSIDERATIONS:

MEDICAL:

GENERAL COMMENTS:

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Thank you for taking the time to respond to this individual’s accommodation needs. Please email your response to your Program Leader contact.