

# ACCESS ABROAD: STUDENT ACCOMMODATION REQUEST FORM

*Developed by Disability Services and The Learning Abroad Center at the University of Minnesota*

Student's Name \_\_\_\_\_

Learning Abroad Center Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Study Abroad Program \_\_\_\_\_

Fax \_\_\_\_\_

## Instructions for U.S. Disability Services Specialist:

- Together with the student, please review the entire Accommodation Request Form. (There is no need, however, to complete pages that do not apply to the student's disability.) Please be sure to **write clearly** as this form will be faxed, as is, to the overseas site.
- Place a check [✓] on each line that best describes the student'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 student *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 Learning Abroad Center contact.
- Even if the student does not require disability accommodation, please notify the appropriate study abroad staff member of the student's disability.

## Instructions for Learning Abroad Center Contact:

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

## Instructions for Overseas Site:

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

- Review the student's accommodation needs. **Please note:** Only the completed pages, appropriate to this specific student, have been included. In addition, a list of definitions for terms used in this form is included at the end of the checklist.
- 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 student, whenever possible.
- Fax or e-mail your response to the Learning Abroad Center contact person listed above.

## BACKGROUND INFORMATION

Since the type of disability which a student 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. Student needs vary according to each individual. Therefore, it is important for the participating student 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:

- Chronic systemic conditions:** affect one or more of the systems of the body. This includes cancer, diabetes, epilepsy, HIV-AIDS.
- Hearing disabilities:** can range from students who have difficulty hearing, have lost hearing in one ear, or are completely deaf.
- Learning disabilities:** refers to significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and /or mathematical abilities, with the presence of at least average intelligence. This includes such conditions as dyslexia and dysgraphia, and can be extended to Attention Deficit Disorder.
- Mobility disabilities:** range from very limited stamina to paralysis of the lower extremities. Conditions that may cause a mobility disability include arthritis, back disorders, cerebral palsy, spinal cord injuries, and neuromuscular disorders.
- Psychiatric disabilities:** diagnosis of a mental illness from a licensed professional. This includes depression, bipolar disorder, anxiety disorders and schizophrenia.
- Vision disabilities:** include low vision, total blindness, and partial sight such as impaired field of vision.

### **Disability Services Specialist to complete:**

Please briefly describe the nature of the student's disability and how this disability may impact the student's participation in study abroad programs (e.g. functional limitations).

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## MOBILITY DISABILITIES

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
<b><u>Classroom</u></b>				
Wheelchair accessibility	_____	_____	_____	_____
Short walking distance between buildings	_____	_____	_____	_____
Lab and/or Library Assistant	_____	_____	_____	_____
Scribe	_____	_____	_____	_____
Grab bar and adjusted height toilet stool	_____	_____	_____	_____
<b><u>Housing</u></b>				
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	_____	_____	_____	_____
<b><u>Transportation</u></b>				
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)	_____	_____	_____	_____
<b><u>Other (specify)</u></b>	_____	_____	_____	_____

# VISION DISABILITIES

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
<b><u>Classroom</u></b>				
Materials in Braille	_____	_____	_____	_____
Materials in large print	_____	_____	_____	_____
Materials on computer disk	_____	_____	_____	_____
Materials on audio cassette recordings	_____	_____	_____	_____
Service dog allowed in all areas	_____	_____	_____	_____
Taped textbooks	_____	_____	_____	_____
Reader	_____	_____	_____	_____
Scribe	_____	_____	_____	_____
Notetaking	_____	_____	_____	_____
Braille signage for buildings, elevators, and classrooms	_____	_____	_____	_____
Guide (orientation/ mobility assistance) on campus (indicate amount of time)	_____	_____	_____	_____
Verbal description of visual information	_____	_____	_____	_____
<b><u>Test accommodations</u></b>				
Extra time	_____	_____	_____	_____
Reader	_____	_____	_____	_____
Scribe	_____	_____	_____	_____
Private room	_____	_____	_____	_____
<b><u>Housing</u></b>				
Guide (orientation / mobility assistance) (Indicate amount of time)	_____	_____	_____	_____
Assistance in reading menus, mail, etc.	_____	_____	_____	_____
Braille signage for public housing (e.g. dormitories, apartment buildings, etc.)	_____	_____	_____	_____
<b><u>Other (specify)</u></b>				
_____	_____	_____	_____	_____

## HEARING DISABILITIES

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
<b><u>Classroom</u></b>				
Note-taking services	_____	_____	_____	_____
Sign language interpreters in one-on-one situations	_____	_____	_____	_____
Sign language interpreters in group settings	_____	_____	_____	_____
Language used (American Sign Language, PSE, other) (specify)	_____	_____	_____	_____
Induction loops or similar technologies	_____	_____	_____	_____
Captioned videos	_____	_____	_____	_____
Real time translation/captioning	_____	_____	_____	_____
TTY (telephone for deaf users)	_____	_____	_____	_____
Volume control for telephone	_____	_____	_____	_____
<b><u>Housing</u></b>				
Visual alert systems for telephone, door bell, 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	_____	_____	_____	_____
<b><u>Other (specify)</u></b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## OTHER DISABILITIES, e.g. LEARNING DISABILITIES or CHRONIC HEALTH CONDITIONS

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
<b><u>Classroom</u></b>				
Reduced courseload	_____	_____	_____	_____
Notetaking services	_____	_____	_____	_____
Tape record lectures	_____	_____	_____	_____
Taped textbooks	_____	_____	_____	_____
Obtain syllabi several weeks in advance	_____	_____	_____	_____
Modified deadlines for assignments	_____	_____	_____	_____
Alternative ways of completing assignments (e.g. oral presentation instead of a written paper)	_____	_____	_____	_____
<b><u>Test accommodations</u></b>				
Scribe	_____	_____	_____	_____
Extra Time	_____	_____	_____	_____
Given Orally	_____	_____	_____	_____
Calculator	_____	_____	_____	_____
Special examination facilities (e.g. low distraction environment)	_____	_____	_____	_____
<b><u>Housing</u></b>				
Refrigeration for prescribed medication	_____	_____	_____	_____
Provisions to accommodate special dietary needs (specify)	_____	_____	_____	_____
<b><u>Other (specify)</u></b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## GENERAL DISABILITY INFORMATION

### Campus-wide Services

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
Academic support services (e.g. writing assistance, tutoring)	_____	_____	_____	_____
Personal counseling services	_____	_____	_____	_____
Health Services (specify type service needed)	_____	_____	_____	_____
Access to prescribed medication and medical staff to administer any necessary injections.	_____	_____	_____	_____

### Assistive Technology

	<u>Need to use equipment there</u>	<u>Could bring my own</u>	<u>Please give details</u>
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	_____	_____	_____
Cassette tape recorder	_____	_____	_____
Braille note taking device (e.g. Braille'n' Speak)	_____	_____	_____
Adaptive keyboard and mouse	_____	_____	_____
Other	_____	_____	_____
Computer operating system needed (specify)	_____		

## GENERAL DISABILITY INFORMATION (cont.)

### Library

	<u>Essential</u>	<u>Preferred</u>	<u>Not Needed</u>	<u>Please give details</u>
Private room to work with a reader	_____	_____	_____	_____
Text scanner	_____	_____	_____	_____
Braille display connected to a computer	_____	_____	_____	_____
Computer equipped with text magnification software (CCTV)	_____	_____	_____	_____
Electronic access to library via modem	_____	_____	_____	_____
<b>Library assistance:</b>				
Consulting the card catalogues	_____	_____	_____	_____
Taking books off the shelves	_____	_____	_____	_____
Photocopying materials	_____	_____	_____	_____

### Safety Considerations

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

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### General Comments

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

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## CERTIFICATION BY DISABILITY SERVICES STAFF AND STUDENT

DS Staff Completing Form \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

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

\_\_\_\_\_  
Signature of DS staff

\_\_\_\_\_  
Date

I recognize that some of these accommodations may not be available at study abroad sites but that efforts will be made to provide alternative accommodations whenever possible. I give permission to the Access Abroad staff 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 Disability Services and request accommodations if I should identify accommodation needs after I arrive at the overseas site. I understand that at that time, Disability Services staff will contact the overseas site and attempt to facilitate reasonable accommodations.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

## DEFINITIONS

<b>Accommodations</b>	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
<b>Assistive technology</b>	any piece of equipment that is used to increase, maintain or improve the functional abilities of a person with a disability
<b>Captioned</b>	audio portion of videotape is transcribed into writing on the edge of the screen
<b>Closed-captioned</b>	audio portion of videotape that can be displayed or hidden using special decoding equipment
<b>CCTV (Closed circuit television)</b>	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
<b>Induction loops</b>	a device installed in a room to transmit sounds to the student
<b>Lab assistants</b>	assist students (who are blind or have limited hand use) with manual tasks in lab classes
<b>Mobility orientation</b>	assisting individuals with vision disabilities in becoming acquainted with new physical surroundings so that they can move about independently
<b>Note takers</b>	take notes for students whose disabilities prevent them from taking notes themselves
<b>Personal aids</b>	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.
<b>Personal attendant</b>	assists a person with limited upper body strength or mobility to perform daily tasks such as bathing, dressing, cooking, and eating
<b>Reader</b>	reads material that is not available in alternative format (such as electronic, Braille, or large print) for students who are blind or learning disabled
<b>Real-time transcription</b>	consists of transcribing a lecture on-site and projecting it onto a screen into written language
<b>Scanner</b>	equipment that transforms print information into digital media so that it can be manipulated using a computer
<b>Scribe</b>	writes down what blind or learning disabled student dictates

<b>Service dog or guide dog</b>	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)
<b>Sign language interpreters</b>	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).
<b>Speech output software</b>	the computer through a synthesized voice system reads aloud (in select languages) what appears on the screen
<b>Test accommodations</b>	modified administration of a test (e.g. extra time, having test read to a student, allowing the student to dictate his or her answers to a scribe or tape recorder)
<b>TTY (Text Telephone) or TDD (Telecommunication Device for the Deaf)</b>	small typewriter device used by deaf individuals to have telephone conversations with hearing individuals
<b>Voice recognition system</b>	the computer types onto the screen what is verbally spoken
<b>Wheelchair-accessible</b>	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:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

- Please list who at your institution has been or will be informed of this student's disability-related needs, including:

Name	Title	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- After reviewing the student's accommodations needs, please describe what accommodations your institution will provide for this student in the following areas:

**Classroom**

\_\_\_\_\_  
\_\_\_\_\_

**Housing**

\_\_\_\_\_  
\_\_\_\_\_

**Transportation**

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**Campus-wide Services**

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**Technology**

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**Library**

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**Safety Considerations**

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**General Comments**

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**Thank you for taking the time to respond to this student's accommodation needs. Please fax or e-mail your response to your Learning Abroad Center program contact.**

*University of Minnesota Access Abroad/accomm request form-rev 1/7/2000)*