



Student Accommodation Request Form

Note: the Accommodation Request Form is designed to communicate the type of accommodation a student with a disability will need when studying abroad. Together with the Coordinator in the Office of Disability Services, the student reviews the Request Form and determines the accommodations needed. The Request Form is then given to the appropriate study abroad staff member and sent to the overseas contact. The overseas contact reviews the accommodation needs and responds, identifying the accommodations that can be provided and how they will be implemented. The study abroad staff person then communicates this information to the student in writing and meets with the student as needed.

Student's Name _____
 Telephone _____ Student ID Number _____
 E-mail _____
 Study Abroad Program _____

MU International Center Contact _____
 Telephone _____
 E-mail _____
 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 the 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 appropriate MU International Center staff person.
- Even if the student does not require disability accommodation, please notify the appropriate study abroad staff member of the student's disability.

Instructions for MU International Center Contact

- Please provide your contact information above and fax the following pages overseas: Background Information, all **completed** pages of the Accommodation Request Form, 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 Services 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 Response Form at the end of this document to comment on the accommodations you feel you can provide. Please attach additional pages if needed.
- Suggest alternative means of accommodating the student, whenever possible.
- Fax or e-mail your response to the MU International 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 the following:

- 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, dyscalculia, and dysgraphia, and can be extended to include attention deficit disorder.
- Mobility disabilities:** range from very limited stamina to paralysis of 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).

Mobility Disabilities

CLASSROOM	Not			Please give details
	Essential	Preferred	Needed	
Wheelchair accessibility	_____	_____	_____	_____
Short walking distance between buildings	_____	_____	_____	_____
Lab and/or Library Assistant	_____	_____	_____	_____
Scribe	_____	_____	_____	_____
Grab bar and adjusted height toilet stool	_____	_____	_____	_____

HOUSING

	Essential	Preferred	Not Needed	Please give details
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

	Essential	Preferred	Not Needed	Please give details
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)

	Essential	Preferred	Not Needed	Please give details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vision Disabilities

CLASSROOM

	Essential	Preferred	Not	Please give details
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			Needed	
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	_____	_____	_____	_____

HOUSING	Essential	Preferred	Not Needed	Please give details
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.)	_____	_____	_____	_____

OTHER (Specify)	Essential	Preferred	Not Needed	Please give details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hearing Disabilities

CLASSROOM	Essential	Preferred	Not Needed	Please give details
Notetaking 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	_____	_____	_____	_____

HOUSING	Essential	Preferred	Not Needed	Please give details
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	_____	_____	_____	_____

OTHER (Specify)	Essential	Preferred	Not Needed	Please give details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other Disabilities
(e.g. learning disabilities or chronic health conditions)**

CLASSROOM	Essential	Preferred	Not Needed	Please give details
Reduced courseload	_____	_____	_____	_____
Notetaking services	_____	_____	_____	_____

Tape record lectures	_____	_____	_____	_____
Taped textbooks	_____	_____	_____	_____
Modified deadlines for assignments	_____	_____	_____	_____
Alternative ways of completing assignments (e.g. oral presentation instead of a written paper)	_____	_____	_____	_____

TEST ACCOMMODATIONS	Essential	Preferred	Not Needed	Please give details
Scribe	_____	_____	_____	_____
Extra Time	_____	_____	_____	_____
Reader	_____	_____	_____	_____
Calculator	_____	_____	_____	_____
Special examination facilities (e.g. low distraction environment)	_____	_____	_____	_____

HOUSING	Essential	Preferred	Not Needed	Please give details
Refrigeration for prescribed medication	_____	_____	_____	_____
Provisions to accommodate special dietary needs (specify)	_____	_____	_____	_____

OTHER (Specify)	Essential	Preferred	Not Needed	Please give details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Disability Information

CAMPUS-WIDE SERVICE	Essential	Preferred	Not Needed	Please give details
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

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

LIBRARY

Essential Preferred Not Needed Please give details

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	_____	_____	_____	_____
Library Assistance:				
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:

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 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 MU International Center 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

Accommodations 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 at the bottom of the screen

Closed-captioned	audio portion of videotape that can be displayed or hidden using special decoding equipment
Closed-circuit television (CCTV)	television that displays video from a camera in the same room, used as a form of document enlargement by magnifying and projecting text onto a screen
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
Notetakers	take notes for students whose disabilities prevent them from taking notes themselves (could be a professional or a student)
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 appointment)
Speech output software	computer software which allows a computer text to be read out loud for individuals unable to read computer print
Test accommodations	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)
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 state who the key contact for disability related issues is at your institution and provide contact information.

Key contact: _____

Telephone: _____

Fax: _____

E-mail: _____

Address: _____

- Please list who at your institution has been, or will be, informed of this student's disability. Please be sure to include the individual's name, title, and relationship to the student.

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

Campus-wide Services

Technology

Library

Safety Considerations

General Comments

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