

Access Abroad: Student Accommodation Request Form

St. Olaf College Disability & Access Center and International & Off-Campus Studies (IOS)

Note: This form should be completed and submitted to the IOS Center contact at **least 8 weeks** prior to the off-campus program's start date in order for staff to have sufficient time to make accommodation arrangements.

STUDENT INFORMATION

Student's Name _____ Student's St. Olaf ID _____
Email _____ IOS Contact _____
Off-Campus Program _____ IOS Contact Email _____

INSTRUCTIONS FOR DISABILITY AND ACCESS SPECIALIST AT ST. OLAF COLLEGE:

- Together with the student, review the entire Accommodation Request Form. (Only complete pages that apply to the student's disability.) This form will be scanned and emailed to the program site. Please write legibly.
- Indicate whether the accommodation is essential (must have) or preferred (would like to have). Please restrict the selection of "essential" to those services which the student must have in order to participate in the program.
- Sites vary greatly on the types of accommodations possible. Providing details and possible alternatives in the spaces provide help the overseas sites arrive at creative solutions.
- Deliver the completed form to the IOS Contact for processing.

INSTRUCTIONS FOR INTERNATIONAL AND OFF-CAMPUS STUDIES CONTACT AT ST. OLAF COLLEGE:

Please provide your contact information above and send the following pages to the off-campus program contact: Background Information, all completed pages of the Accommodation Request Form that apply to the student's disability, Definitions, and the blank Response Form for the overseas institution to complete.

INSTRUCTIONS FOR OFF-CAMPUS PROGRAM CONTACT:

Attached, please find a list of accommodations requested for the above referenced student. A Disability and Access Specialist has worked with this student to determine which accommodations are essential for his/her participation on this particular off-campus program. Please do the following:

- Review the student's accommodation needs. 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 will provide. Please attach additional pages if needed.
- Please suggest alternative means of accommodating the student, whenever possible.
- Send your response to the International and Off Campus Studies (IOS) contact person listed above.

BACKGROUND INFORMATION

The various types of disabilities recognized in the United States are listed below. 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 an 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. These include cancer, diabetes, and seizure disorders.
Hearing disabilities	can include students who have difficulty hearing, have lost hearing in one ear, or are completely deaf.
Learning disabilities	are significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and/or mathematical abilities, with the presence of average or higher than average intelligence. Examples are dyslexia, dysgraphia, attention deficit disorder, and autism spectrum disorders.
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	include conditions like depression, bipolar disorder, anxiety disorders or schizophrenia. The diagnosis can only be made by a licensed professional.
Vision disabilities	include low vision, total blindness, and partial sight such as impaired field of vision.

TO BE COMPLETED BY ST. OLAF DISABILITY AND ACCESS SPECIALIST:

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

MOBILITY DISABILITIES

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

VISION DISABILITIES

	Essential	Preferred	Not Needed	List Details
CLASSROOM				
Materials in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials in large print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials delivered digitally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials in audio format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service dog allowed in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notetaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Braille signage for buildings, elevators, & classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guide (orientation/mobility assistance) on campus (Indicate amount of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal description of visual information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEST ACCOMMODATIONS				
Extra time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low distraction testing area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOUSING				
Guide (orientation/mobility help--indicate amount of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance in reading menus, mail, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Braille signage for public housing (e.g. dormitories, apartment buildings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (Specify)				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HEARING DISABILITIES

	Essential	Preferred	Not Needed	List Details
CLASSROOM				
Notetaking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sign language interpreters in one-on-one situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sign language interpreters in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language used (American Sign Language, PSE, other) (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microphone used by instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Captioned videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Real time translation/captioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TTY (telephone for deaf users)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volume control for telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOUSING				
Visual alert systems for telephone, door bell, and fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volume control for telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TTY (telephone for deaf users)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sign language interpreters in one-on-one situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sign language interpreters in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language used (American Sign Language, PSE, other) (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Captioned television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				
Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER DISABILITIES

(e.g. PSYCHOLOGICAL DISABILITIES, ATTENTION DEFICIT DISORDER, LEARNING DISABILITIES, AUTISM SPECTRUM DISORDERS OR CHRONIC HEALTH CONDITIONS)

	Essential	Preferred	Not Needed	List Details
CLASSROOM				
Reduced courseload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notetaking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digitally recorded lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Audio format textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obtain syllabuses several weeks in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modified deadlines for assignments and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative ways of completing assignments (e.g. oral presentation instead of a written paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEST ACCOMMODATIONS				
Scribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extra time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test given/taken orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reduced-distraction testing area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOUSING				
Refrigeration for prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions to accommodate special dietary needs (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (Specify)				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL DISABILITY INFORMATION

	Essential	Preferred	Not Needed	List Details
CAMPUS-WIDE SERVICES				
Academic support services (e.g. writing assistance, tutoring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Services (specify type of service needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to prescribed medication & medical staff to administer any necessary injections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: Medications available in the US are often not available internationally and often cannot be mailed from the US to an international location. Students must bring sufficient medication with them or investigate in advance whether their medication can be obtained abroad.

	Need to use equipment there	Could bring my own	List Details
ASSISTIVE TECHNOLOGY			
Scanner	<input type="checkbox"/>	<input type="checkbox"/>	
Braille printer	<input type="checkbox"/>	<input type="checkbox"/>	
Text magnification software	<input type="checkbox"/>	<input type="checkbox"/>	
Large screen for reading magnified print	<input type="checkbox"/>	<input type="checkbox"/>	
CCTV (magnifies hard copy print)	<input type="checkbox"/>	<input type="checkbox"/>	
Speech output software (specify software needed and language)	<input type="checkbox"/>	<input type="checkbox"/>	
Voice recognition system	<input type="checkbox"/>	<input type="checkbox"/>	
MP3 recorder	<input type="checkbox"/>	<input type="checkbox"/>	
Braille note taking device (e.g. BrailleNote)	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptive keyboard and mouse	<input type="checkbox"/>	<input type="checkbox"/>	
Other			
Computer operating system needed (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL DISABILITY INFORMATION (cont.)

	Essential	Preferred	Not Needed	List Details
LIBRARY				
Private room to work with a reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Text scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Braille display connected to a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer equipped with text magnification software (CCTV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic access to library via wifi or internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Library assistance:				
Consulting the library catalogues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taking books off the shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scanning or photocopying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 and ACCESS SPECIALIST AND STUDENT

Disability & Access Specialist _____ Email _____

Phone _____ 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 as guaranteed by the student's civil rights as an American with disabilities and the ADA and Section 504 of the Rehabilitation Act.

Signature of Disability & Access Specialist:

Date:

I recognize that some of these accommodations may not be available at international sites but that efforts will be made to provide alternative accommodations whenever possible. I give permission to the St. Olaf IOS staff to contact the off-campus site staff regarding my accommodation requests. If I do not request accommodations at this time, I understand that it is my responsibility to contact Disability and Access Center at St. Olaf College and request accommodations if I should identify accommodation needs after I arrive at the off-campus site. I understand that at that time, Disability and Access Center staff will contact the off-campus site and attempt to facilitate reasonable accommodations.

Signature of Student:

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

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

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 transcribing a lecture on-site and projecting it onto a screen into type

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 trained to perform a specific task for a person with a disability (such as guiding 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-to-Text software the computer reads aloud (in select language) what appears on the screen

Text-to-Speech software the computer displays on the screen what a person reads or dictates

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 speech-to-text application on a computer)

TTY (Text Telephone) or TDD (Telecommunication Device for the Deaf) small typewriter device used by deaf individuals to have telephone conversations with hearing individuals

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 International/Off-campus 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 _____ Fax _____

Address _____

Please list any individuals at your institution who have been or will be informed of this student's disability-related needs.

NAME	TITLE	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

After reviewing the student's accommodation needs, please describe which accommodations your institution will provide for this student in the following areas. Enter 'not applicable' for any section in which accommodations have not been requested.

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 send your response to the St. Olaf International & Off Campus Studies contact.