

CASA COLLEGE



1961

DISABILITY SERVICES & ACCESS (DSA) FORM

Fill in your details in **BLOCK CAPITALS** only.

FILE No.: DATE:

A. STUDENT INFORMATION

FIRST NAME: LAST NAME:

EMAIL: TEL. No.:

CURRENT ADDRESS:

HOME ADDRESS:

B. ACADEMIC INFORMATION

- BSC HOTEL ADMINISTRATION FOUNDATION COURSE CRUISE SHIP HOSPITALITY OPERATIONS
 BA BUSINESS ADMINISTRATION ADULT NURSING

YEAR: SEMESTER: FALL SPRING SUMMER

C. PREVIOUS SCHOOL(S) & ACCOMMODATION(S)

PREVIOUS SCHOOL(S)	DATES ATTENDED (FROM - TO)	PREVIOUS APPROVED DISABILITY ACCOMMODATION & SERVICES

D. DISABILITY INFORMATION

- | | | |
|---|---|---|
| <input type="checkbox"/> PHYSICAL (MOBILITY) DISORDER | <input type="checkbox"/> DEAF/DIMINISHED HEARING | <input type="checkbox"/> TRAUMATIC BRAIN INJURY |
| <input type="checkbox"/> PSYCHOLOGICAL PROBLEMS | <input type="checkbox"/> BLIND/DIMINISHED VISION | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> CHRONIC MEDICAL CONDITION | <input type="checkbox"/> OTHER:
.....
..... | <input type="checkbox"/> ATTENTION DEFICIT |
| <input type="checkbox"/> HYPERACTIVITY DISORDER | | |

I. HOW DOES YOUR DISABILITY AFFECT YOUR ABILITY TO COMPLETE YOUR COURSEWORK OR OTHER COURSE REQUIREMENTS?

.....
.....
.....

II. HOW DOES YOUR DISABILITY AFFECT YOU IN YOUR EVERYDAY LIFE AND DAILY ACTIVITIES?

.....
.....
.....

III. PROVIDE ANY INFORMATION ABOUT YOUR COURSE THAT YOU FEEL IS IMPORTANT AND RELEVANT TO YOUR ACCOMMODATION REQUEST.

.....
.....
.....

IV. ONLY COMPLETE THE SECTIONS BELOW THAT APPLY TO YOUR DOCUMENTED DISABILITY (IES), THEN PROCEED TO SECTION VI.

PART 1 - LEARNING DISABILITY, AD/HD, TRAUMATIC BRAIN INJURY, AND PSYCHOLOGICAL DISABILITIES MOBILITY DISABILITIES

PART 2 - CHRONIC MEDICAL CONDITION, AND PHYSICAL OR OTHER MOBILITY DISABILITIES

PART 3 - DEAF OR HARD OF HEARING

PART 4 - VISUAL DISABILITY OR BLIND

PART 1

KIND OF DISABILITY: DATE OF DIAGNOSIS:

LIST THE DIFFICULTIES YOU MAY EXPERIENCE IN WRITING, CONCENTRATING OR REMEMBERING INFORMATION THAT MAY BE RELATED TO YOUR DISABILITY (I.E. READING, COMPLETING TASKS).

.....
.....
.....

PART 2

DO YOU WEAR HEARING AIDS OR COCHLEAR IMPLANTS? YES NO

IF YES, TICK THE ONE THAT APPLY:

- BEHIND-THE-EAR HEARING AIDS COCHLEAR IMPLANT-BODY MY DEVICE HAS TELECOILS
 IN-THE-EAR HEARING AIDS WORN PROCESSOR COCHLEAR IMPLANT-EAR LEVEL PROCESSOR
 MY DEVICE HAS AN M-T MICRO TELECOIL SWITCH IN-THE-CANAL HEARING AIDS

DO THEY HAVE DIRECT AUDIO INPUT (DAI)? YES NO

PLEASE CHOOSE YOUR PREFERRED METHOD OF COMMUNICATION:

- TELEPHONE (WHAT'S UP, VIBER) SKYPE EMAIL

WHAT TYPES OF OTHER AUXILIARY AIDS HAVE YOU USED, IF ANY:

.....
.....
.....

WHAT MEANS OF EXPRESSION AND RECEPTIVE COMMUNICATION DO YOU USE? (TICK THE ONES THAT APPLY)

- ORAL COMMUNICATION SPEECH READING SIGN LANGUAGE

PART 3

PLEASE, CHOOSE THE ONES THAT APPLY:

MOTORISED WHEELCHAIR/
SCOOTER

PROSTHESIS (SPECIFY):

MANUAL WHEELCHAIR

OTHER (SPECIFY):

DO YOU TAKE THE STAIRS ON A REGULAR BASIS? IF SO, HOW MANY STAIRS CAN YOU CLIMB?

.....
.....

DO YOU EXPERIENCE ANY OF THE FOLLOWING?

DIFFICULTY IN STANDING FOR A
LONG TIME

DIFFICULTY IN TAKING
NOTES IN CLASS

GETTING EASILY TIRED WHEN
WALKING LONG DISTANCES

DIFFICULTY IN WRITING

DIFFICULTY WALKING UP/DOWN
THE STAIRS

UTILISING ASSISTIVE
TECHNOLOGY

ACADEMIC DIFFICULTIES
PLEASE DESCRIBE:

PART 4

VISUAL ACUITY (IF APPLICABLE) LEFT EYE RIGHT EYE

DEGREE OF BLINDNESS TOTAL LIGHT PERCEPTION FORM PERCEPTION

MOBILITY AIDS CANE SERVICE ANIMAL OTHER:

DO YOU USE ASSISTIVE TECHNOLOGY? PLEASE SPECIFY:

.....

DO YOU USE ALTERNATE FORMAT READING MATERIALS? YES NO

IF YES, PLEASE SPECIFY:

.....

.....

V. DISABILITY DOCUMENTATION

PLEASE PROVIDE INFORMATION ABOUT THE DISABILITY DOCUMENTATION YOU WILL BE SUBMITTING TO OUR OFFICE. NOTE THAT YOU ARE RESPONSIBLE TO ENSURE THAT YOUR DOCUMENTATION MEETS THE CASA COLLEGE REGULATIONS (www.casacollege.ac.cy).

NAME OF PROVIDER: **DATE OF DOCUMENTATION:**

TYPE OF DOCUMENTATION:

- | | |
|---|--|
| <input type="checkbox"/> LEARNING DISABILITY, AD/HD, PSYCHO-EDUCATIONAL, OR NEUROPSYCHOLOGICAL EVALUATION | <input type="checkbox"/> LETTER FROM PREVIOUS SCHOOL CONFIRMING APPROVED DISABILITY ACCOMMODATIONS |
| <input type="checkbox"/> DISABILITY VERIFICATION FORM (AVAILABLE ON DS WEBSITE) | <input type="checkbox"/> LETTER FROM TREATMENT PROVIDER |
| <input type="checkbox"/> OTHER: | |

VI. ACCOMMODATION & SERVICES

PLEASE SPECIFY WHAT ACCOMMODATIONS YOU REQUEST. DISABILITY SERVICES WILL CONSIDER YOUR REQUEST IN LIGHT OF YOUR DISABILITY AS DESCRIBED IN YOUR SUPPORTING DOCUMENTATION, AND OTHER INFORMATION PROVIDED TO DISABILITY SERVICES, AS WELL AS THE REQUIREMENTS OF YOUR COURSE.

TESTING ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> EXTENDED TIME FOR IN-CLASS EXAMS AND QUIZZES | <input type="checkbox"/> USE OF COMPUTER FOR EXAMS |
| <input type="checkbox"/> SMALLER PROCTORED ENVIRONMENT | <input type="checkbox"/> "STOP THE CLOCK" REST BREAKS: UP TO 15 MINUTES PER HOUR OF EXAM TIME |
| <input type="checkbox"/> SCRIBER FOR EXAMS (ANSWER RECORDED/WRITTEN FOR STUDENT) | <input type="checkbox"/> OTHER: |

CLASSROOM ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> NOTE-TAKING SERVICES | <input type="checkbox"/> ACCESSIBLE CLASSROOM AND FURNITURE |
| <input type="checkbox"/> PERMISSION TO USE LAPTOP FOR NOTE-TAKING IN CLASS | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> PERMISSION TO RECORD LECTURES | |

COMMUNICATION/TECHNOLOGY ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> SIGN-LANGUAGE INTERPRETERS | <input type="checkbox"/> CAPTIONED VIDEOS, PODCASTS, OR OTHER MEDIA |
| <input type="checkbox"/> ASSISTIVE LISTENING DEVICES (E.G. FM OR INFRARED SYSTEMS) | <input type="checkbox"/> AUDIO FORMAT |
| <input type="checkbox"/> REAL TIME CAPTIONING (CART) | <input type="checkbox"/> OTHER: |

I DO NOT REQUEST ACCOMMODATIONS AT THE MOMENT, BUT I WOULD LIKE TO REGISTER GIVEN THE CHANGING NATURE OF MY DISABILITY.

I AM NOT SURE WHAT I NEED - I WOULD LIKE TO DISCUSS THIS WITH SOMEONE.

STUDENT ACKNOWLEDGEMENT FORM/CONFIDENTIALITY

To facilitate your request for accommodations, Disability Services & Access may provide information about your accommodation request and disability-related needs to institution's officials who have a legitimate educational interest in obtaining the information, including the following people as deemed necessary:

- Access Liaison officer
- Academic Advisors
- Faculty/Administrators
- Other college officials

Disability Services & Access adheres to the confidentiality standards described in the institution's policy on Access to Student Records. Under this policy, prior written consent by the student may be required before Disability Services & Access may release disability documentation and/or records to others depending on circumstances.

Please note: This document will serve as written authorisation under the institution's policies for Disability Services/Access to share information as it deems necessary in order to consider and implement your accommodations.

You understand that this authorisation will be deemed effective for the entire period you are studying at Casa College and seek the assistance of Disability Services/Access, unless you affirmatively revoke your authorisation in writing. This authorisation begins as soon as this form is submitted and applies during your study period with us.

DISCLOSURES TO THIRD PARTIES OUTSIDE CASA COLLEGE

To provide your written consent to disclose medical/disability-related information or medical documents to third parties (outside the institution) that you specify, you must submit a Release Form.

The signing of the Release Form does not automatically extend to parents or other family members. If you wish to grant permission for DS to communicate with your parents or other family members, the names of such individuals must be included in the Consent to Release Student's Information.

Your signature below indicates that you have read this information, that you understand the role of the above parties in implementing accommodation(s) based on your documented needs, and that you are hereby authorising DS to share your disability-related information with the appropriate officials of the institution for the purpose of addressing your accommodation needs.

.....
SIGNATURE

.....
DATE

Reminder

It will take up to 3 weeks to review your request, once the Registration Form and disability documentation are received. Requests will not be considered until both are received.