

Study Abroad Disability Accommodation Request Form

MICHIGAN STATE
UNIVERSITY

This form should be completed at least **12 weeks prior to departure** for any Michigan State University (MSU) student with a disability who plans to study abroad. Accommodations requested later than 12 weeks will be honored when possible or reasonable. Please note that the Office for Study Abroad (OSA) and Resource Center for Persons with Disabilities (RCPD) will assist as much as possible, but cannot guarantee that accommodations you request will be feasible or available in the program to which you have applied.

*Non-MSU students who are participating on an MSU study abroad program and have an accommodation request should contact their disability service provider at their home institution so they can complete the form as indicated below. Please note a disability specialist at MSU will review the request, may contact the student requesting accommodations and/or disability service provider, and may also request medical documentation relative to the accommodations and stated needs.

Instructions for the Disability Specialist

1. In accordance with the MSU Resource Center for Persons with Disabilities (RCPD) procedures, certify the student is registered with RCPD and is requesting accommodation(s) for their participation in study abroad.
2. Together with the student, complete the entire Disability Accommodation Request Form. Be clear, as this information will be faxed or e-mailed, as is, to the program leader and/or study abroad site contact.
3. Fully explain the nature and current impact of the disability (based upon the medical/psychological documentation submitted by the student), and which accommodations the student requests for participation in the study abroad program. Please **define** any technical terms such as mobility orientation, closed-captioned, etc. Sites vary greatly on the types of possible accommodations. Providing details and possible alternatives will help the site arrive at creative solutions.
4. Forward the completed form to Cindy Chalou in the MSU Office of Study Abroad via email at chalouc@msu.edu or fax (517) 432-2082.

Instructions for the Office of Study Abroad

1. Complete any missing contact information and fax the completed Disability Accommodation Request Form to the study abroad site contact.

Instructions for study abroad site contact

1. Review the student's accommodation requests.
2. If the requested accommodation is unavailable suggest alternative means of accommodating the student (when possible). Request a meeting with OSA and RCPD if further discussion and creative problem-solving is needed.
3. Submit your response to Cindy Chalou in the MSU Office of Study Abroad via e-mail at chalouc@msu.edu or fax (517) 432-2082 within (TIME FRAME).

ACCOMMODATION REQUEST

Name of student: _____

Local phone: _____ E-mail: _____

Name of study abroad program: _____

Location of study abroad program: _____

Dates of study abroad program: _____

Name of Disability Specialist completing form: _____

Phone: _____ Fax: _____

E-mail: _____

BACKGROUND INFORMATION

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. Since there is much variability within each disability category, the type of accommodations can vary significantly. Below, you will 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 requests.

Chronic health: affect one or more of the systems of the body. May include cancer, diabetes, epilepsy, HIV-AIDS, etc. (could affect mobility, cognition, stamina, or more). May need to pre-plan medical care in host country prior to departure.

Hearing: can range from students who have difficulty hearing, have lost hearing in one ear, or are completely deaf.

Learning: refers to significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and/or mathematical abilities, with the presence of average to superior intelligence. This includes such conditions as dyslexia, dyscalculia, and dysgraphia, and can be extended to include attention deficit disorder.

Mobility: range from very limited stamina to paralysis of the lower and/or upper extremities. Conditions that may cause a mobility disability include arthritis, back disorders, cerebral palsy, spinal cord injuries, and neuromuscular disorders.

Psychiatric: diagnosis of a mental illness by a licensed professional. This includes depression, bipolar disorder (may include both depression and manic state), anxiety disorders and schizophrenia.

Brain Injury: results from injury to the head. May cause impairment in mobility, sight, hearing, speaking, personality, and/or thinking.

Visual: includes decreased vision, total blindness, and partial sight such as impaired field of vision.

DISABILITY INFORMATION

I certify that this student is registered with the university's disability office and is requesting the accommodations detailed on this form.

Signature of Disability Specialist: _____ Date: _____

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

Indicate the accommodations requested in the areas listed below (e.g. extra time, special equipment, a special location, classroom set up, etc.).

Classroom accessibility (location, furniture, equipment, etc.): _____

Communication: _____

Taking notes during class: _____

Reading texts required for class: _____

Completing exams: _____

Housing: _____

Transportation: _____

Health care: _____

Dietary: _____

Other comments or concerns: _____

I give permission for MSU staff to provide information regarding my disability and accommodation request to third parties as needed to process my request for accommodation and to provide an effective study abroad experience. I understand it is my responsibility to contact the Resource Center for Persons with Disabilities if I should identify accommodation needs after I arrive on site. I further understand that at that time, the Office of Study Abroad staff will contact the site abroad and attempt to facilitate reasonable accommodations. I understand that the University cannot guarantee that accommodations I request will be feasible or available in the study abroad program to which I have applied.

May we refer your name and contact information to MSU students who are interested in your experience?
 Yes No

Signature of student: _____ Date: _____