

Study Abroad Disability Accommodation Request Form
(to be completed by MSU students with disabilities planning to study abroad)

Instructions for RCPD:

1. In accordance with RCPD procedures, certify that the student is disabled and requires reasonable accommodation in order to participate in the study abroad program.
2. Together with the student, complete the entire Disability Accommodation Request Form. Be clear as this information will be faxed or emailed, as is, to the study abroad site.
3. Indicate what the student's limitations are (based upon the medical/psychological documentation submitted by the student) and what accommodations RCPD recommends for the student's 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 accommodations possible. Providing details and possible alternatives will help the study abroad sites arrive at creative solutions.
4. Forward the completed form to the MSU Office of Study Abroad (OSA), Cindy Chalou (chalouc@msu.edu or Fax: 517-432-2082).

Instructions for the Office of Study Abroad:

1. Fill in any missing contact information and fax the completed Request Form to the study abroad site contact person.

Instructions for Study Abroad Site:

1. Review the student's accommodation needs.
2. Respond in writing to indicate the accommodations that you feel you can provide.
3. If the requested accommodation is unavailable, whenever possible suggest alternative means of accommodating the student.
4. Fax (517) 432-2082 or e-mail (chalouc@msu.edu) your response to Cindy Chalou at the Office of Study Abroad.

BACKGROUND INFORMATION

Since there is much variability within each disability category, the type of accommodations needed 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.

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. While not all individuals who have one of the following conditions are disabled, categories of disabilities may include the following:

- Chronic health:** affect one or more of the systems of the body. This may include cancer, diabetes, epilepsy, HIV-AIDS, etc.
- 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.

- d. reading texts required for class

 - e. completing exams
2. Indicate any housing recommendations related to the student's disability.

 3. Indicate any transportation recommendations related to the student's disability.

 4. Describe any health care recommendations that may require attention while the student is studying abroad.

 5. Describe any dietary recommendations related to the student's disability.

 6. 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: _____