



AIFS STUDENT ACCESS INFORMATION FORM

Individuals Who Are Blind or Have Low Vision

The information provided below will help start our discussions with you in planning for any access or resources you will need while on your study abroad program. Please complete the form with any pertinent information and email it to the Admissions Officer of your intended study abroad program location.

Although AIFS is committed to supporting all students in their study abroad journey, we cannot guarantee that it will be possible to honor all accommodation requests. AIFS staff will review all requests, consult with onsite staff and host institutions and communicate with you throughout this process.

Please check this box if you consent to AIFS sharing this form with staff of the education abroad office at your home institution.

Confidentiality: *You are not required to answer any or all questions. Information that you provide on this form will remain confidential and will be used to ensure your full participation in your AIFS Study Abroad program. This form was designed from suggestions made by Mobility International USA.*

Student Information

Student's Name _____

Home Institution _____

Email _____

Study Abroad Program _____

Program Term and Year _____

In your own words, please describe your vision (what and how you see):

Please describe any accommodations you currently receive at your home institution:

Disability and Navigation Overview

1. Do you use a mobility cane and how often?

Indoors: _____ Frequently _____ Sometimes _____ Never

Outdoors: _____ Frequently _____ Sometimes _____ Never

When did you learn to use a mobility cane? _____

2. Do you use a human sighted guide and how often?

Indoors: _____ Frequently _____ Sometimes _____ Never

Outdoors: _____ Frequently _____ Sometimes _____ Never

Who acts as a sighted guide for you? _____

3. Do you use a guide dog or service animal and how often?

Indoors: _____ Frequently _____ Sometimes _____ Never

Outdoors: _____ Frequently _____ Sometimes _____ Never

For how long have you been matched with your current service animal? _____

Please describe the functions your service animal performs: _____

4. If you are in a new location, how do you move around and get to know your environment?

5. Describe in detail how you travel (or your travel routine) from home to work and school:

Accessing Materials

6. Do you use regular print (12 point or less) and how often?

To read: _____ Frequently _____ Sometimes _____ Never

To write: _____ Frequently _____ Sometimes _____ Never

7. Do you use large print and how often?

To read: _____ Frequently _____ Sometimes _____ Never

To write: _____ Frequently _____ Sometimes _____ Never

8. Do you use a human reader/scribe and how often?

To read: _____ Frequently _____ Sometimes _____ Never

To write: _____ Frequently _____ Sometimes _____ Never

Who are your human readers and/or scribes? _____

9. Do you use braille and how often?

To read: _____ Frequently _____ Sometimes _____ Never

To write: _____ Frequently _____ Sometimes _____ Never

In what languages (including English) can you use braille?

Do you read contracted braille? _____ Yes _____ No _____ Not Sure

What tools do you use to read and/or write in braille?

10. Do you use a human notetaker and how often? _____ Frequently _____ Sometimes _____ Never

11. Do you use audio recordings and what type? _____ Frequently _____ Sometimes _____ Never

_____ Analog cassette tape _____ Digital

Will you bring a recording device with you abroad? If yes, please specify:

12. Do you use text-to-speech software? _____ Frequently _____ Sometimes _____ Never

Which software do you use?

13. Please note any additional information on accessing materials and preferred situations:

Assistive Tools and Technology

14. Do you use dictation software? _____ Frequently _____ Sometimes _____ Never

Which software do you use?

15. Do you use Braille 'n Speak (or similar)? _____ Frequently _____ Sometimes _____ Never

Will you bring this on the program? _____ Yes _____ No _____ Not Sure

16. How often do you use the following?

Eyeglasses: _____ Frequently _____ Sometimes _____ Never

Contacts:_____ Frequently _____ Sometimes _____ Never

Monocle:_____ Frequently _____ Sometimes _____ Never

If so, what is your current prescription? _____

Do you have a current prescription and an extra pair that you will bring? _____

17. Do you use magnification tools?_____ Frequently _____ Sometimes _____ Never

Which tools do you use?

18. Do you have a system for identifying / keeping track of money? _____ Yes _____ No

If yes, describe your system and what would help with learning different currency:

19. Do you prefer sitting in a particular seat or receiving particular information to get oriented in a group?

_____ Yes _____ No

If yes, describe your preferences and in which situations you find it helpful:

20. Do you use a cell phone? _____ Yes _____ No

Will you use a cell phone on this program? _____ Yes _____ No _____ Not sure

If yes, do you use a cell phone for the following:

Voice calls? _____ Yes _____ No

SMS/text messages? _____ Yes _____ No

Other? _____ Yes _____ No

21. Do you use a smartphone features and applications? _____ Yes _____ No

Will you use a smartphone on this program? _____ Yes _____ No _____ Not sure

22. Do you use a desktop computer? _____ Yes _____ No

If yes, will you bring this on the program? _____ Yes _____ No _____ Not sure

What accessibility software do you have installed?

What equipment or hardware do you use to improve accessibility?

What type of desktop computer do you have?

23. Do you use a laptop computer? _____ Yes _____ No

If yes, will you bring this on the program? _____ Yes _____ No _____ Not sure

What accessibility software do you have installed?

What equipment or hardware do you use to improve accessibility?

What type of laptop do you have?

24. Do you use a tablet computer? _____ Yes _____ No

If yes, will you bring this on the program? _____ Yes _____ No _____ Not sure

What accessibility software do you have installed?

What equipment or hardware do you use to improve accessibility?

What type of tablet do you have?

25. Do you use any other tools or equipment to improve accessibility that were not mentioned above? Please list: _____

26. Are there any tools or equipment that you prefer not to use? Any you would like to learn? Please list:

27. In what format would you prefer materials provided to you during the program? Indicate your first choice with a "1" and second choice with a "2" from the following list:

Regular size print

Braille uncontracted

Enlarged print of size

Braille contracted

Electronically by email

Other (please explain):

Electronically on an USB device

Daily Living Strategies

28. At home, how do you do the following:

Prepare meals: _____ No assistance _____ Some assistance _____ Never/rarely do this

Housework: _____ No assistance _____ Some assistance _____ Never/rarely do this

Dress: _____ No assistance _____ Some assistance

Bathe: _____ No assistance _____ Some assistance

Other personal assistance: _____ No assistance _____ Some assistance

Describe assistance or equipment you use to do any of these things:

Who (if anyone) assists you? Please list all:

29. In public, how do you do the following:

Shop for food: _____ No assistance _____ Some assistance _____ Never/rarely do this

Use public transport: _____ No assistance _____ Some assistance _____ Never/rarely do this

Find a new location: _____ No assistance _____ Some assistance _____ Never/rarely do this

Other personal assistance: _____ No assistance _____ Some assistance

Describe assistance or equipment you use to do any of these things:

Who (if anyone) assists you? Please list all:

30. Please tell us anything else that we need to know about how you do things or your access needs:
